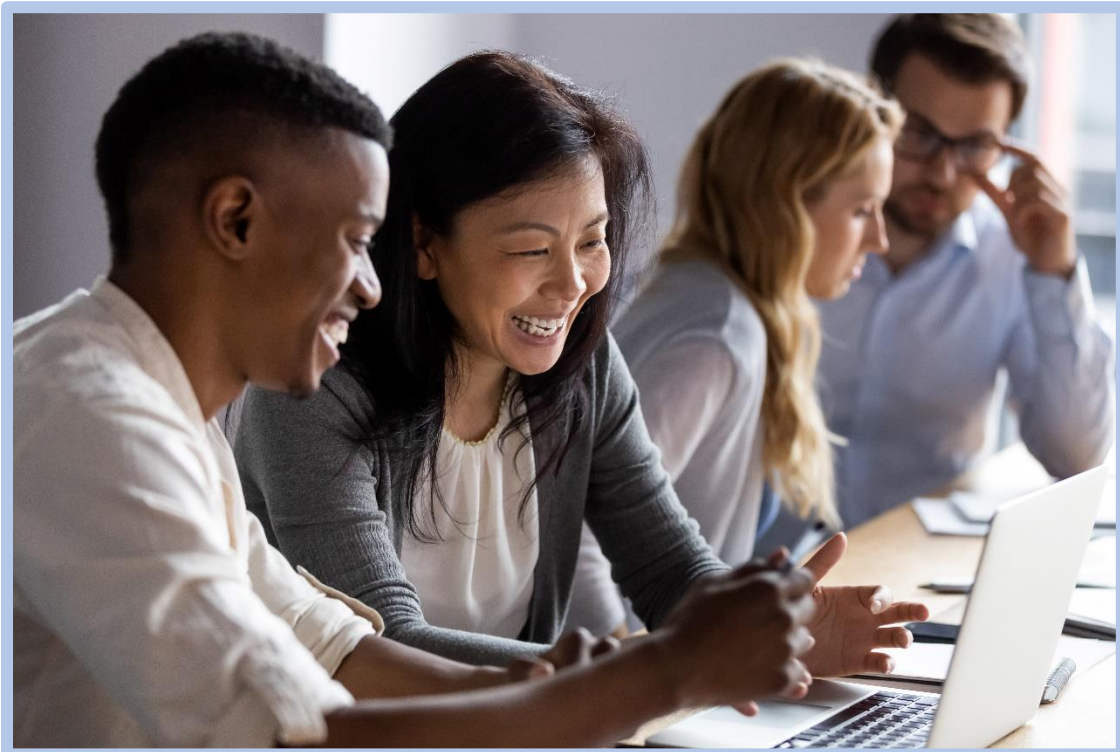


Missouri Substance Use Prevention

# **WORKFORCE SURVEY 2023**

## Full Report

Prepared by Ruth Peabody, MPH and Susan Depue, PhD



## CONTENTS

---

II. INTRODUCTION .....	6
III. SURVEY ANALYSIS .....	6
<b>1. DEMOGRAPHICS</b> .....	6
1a. Gender, race, and age .....	6
2a. Employment Status .....	7
<b>2. PROFESSIONAL BACKGROUND</b> .....	7
2a. Number of Years Worked in the Field .....	7
2b. Level of Education .....	8
2c. Work Prior to Entering Prevention Field .....	8
<b>3. CAREER PLANNING AND TRANSITION</b> .....	9
3a. Reasons for Choosing and Staying in Field .....	9
<i>Figure 3.3.3 . Likelihood of PRC Worker Leaving the Field in the Next Three Years – PRC Over Time</i> .....	12
3c. Role in the Next Three Years .....	12
<b>4. ROLES AND TASKS</b> .....	13
4a. Primary Role in Prevention Services .....	13
<b>5. TRAINING</b> .....	14
5a. Knowledge .....	14
5b. Skills .....	21
5c. Areas of Support for Professional Development .....	23
<b>6. EMPLOYMENT PAY, BENEFITS, AND SATISFACTION</b> .....	27
6a. Employment Pay .....	27
6b. Benefits .....	30
6c. Satisfaction with Current Position .....	33
Appendix A – Regions .....	39
Appendix B – Roles and Tasks .....	40
1. Frequency of Engaging in Administration Tasks .....	40
2. Frequency of Engaging in Planning Tasks .....	40
3. Frequency of Engaging in Implementation Tasks .....	41
4. Frequency of Engaging in Evaluation Tasks .....	43
Appendix C – Certification and Specialized Education .....	44
1. Current Certifications .....	44

2. Workshops and Trainings Completed in the Past Year .....	44
3. Trainings and Continuing Education Hours (CEHs) Completed in the Past Year .....	45
4. Completed Coursework Areas .....	46
Appendix D – Missouri Prevention Workforce Survey Instrument .....	49

## I. EXECUTIVE SUMMARY

Most respondents of the survey were female (73%), majority Caucasian or white only (85%), and their age trended younger with nearly 60% of participants between the ages of 24 and 47. Among survey participants who volunteer or work in substance use prevention in Missouri, about half work for a Prevention Resource Center with a majority of the respondents working full time at a salaried position. Most participants worked in their current position and/or their current organization between one and three years. However, many PRC respondents did report being in the substance use prevention field for more than ten years (29%).

### JOB MOTIVATION / SATISFACTION

While several reasons were selected for joining the substance use prevention field, the reason selected most among both PRC and non-PRC participants was a compound answer which included “to help people or make a difference”, “the work is meaningful or rewarding”; or “belief that prevention works”. While not statistically significant, there was an increase over time in PRC workers who entered the field for a career opportunity or grant award and a decrease in the workers who entered the field to help people or make a difference.

Prevention workers were asked about their satisfaction with various aspects of their job. Overall, participants were most satisfied with the variety and flexibility of work (96%), their personal commitment to substance use prevention (93%), and the match between their profession and interests (91%). Almost half of all PRC workers were unsatisfied with their salary and 41% of them were unsatisfied with opportunities for career advancement within their agency. There has been a decrease in satisfaction over time with “other colleagues in the substance use prevention field outside of my agency”, “organizational structure” and “benefits” but an increase in satisfaction with “salary” (53% now indicate satisfaction).

Participants were asked how likely it would be that they voluntarily leave their job within the next three years. Roughly 13% of non-PRC respondents and 10% of PRC respondents are definitely or very likely going to leave their position in the next three years. This was a sharp increase for the PRCs from 4% in 2019. Participants were also asked about where they see themselves in the next three years. In 2023, the most common answer was working in substance abuse prevention, followed by working in the same position or advancing in their current organization. Notably, only 14% of PRC respondents indicated that they wish to stay in the same position and 14% wish to stay with their current organization but advance in their role.

Salary differed greatly between PRC and non-PRC substance use prevention workers with non-PRC workers reporting significantly higher pay. Most PRC (70%) respondents indicate that their employer provides full health insurance with only half (50%) of PRC respondents indicated being fully covered by dental insurance. A higher proportion of non-PRC respondents said that their employer offers paid sick leave (87%) than their PRC peers (74%). Almost all PRC employees receive paid vacation and holidays as well as retirement contributions from their employer.

#### PRC workers:

Are in the field because they believe in the mission / work

Enjoy the variety and flexibility of the work

Would like to be able to advance in their careers but don't see a path forward in their current agency; more than 1 in 10 see themselves leaving soon

Are underpaid but with decent benefits

## KNOWLEDGE AND SKILLS

The tasks “almost always” and “often” completed by prevention workers daily were information dissemination (74%) and program planning (70%).

Most (over 90%) PRC respondents reported their knowledge being at least about the same as others for a majority of the theories and frameworks presented. Environmental substance use prevention and the Institutes of Medicine (IOM) or prevention continuum were the least known about between the two groups but still at high levels (82% for environmental prevention). When presented with culturally responsive subjects, over 90% of PRC respondents said they know at least about the same as others on most subjects, except linguistically competent substance use prevention service delivery (78%). All respondents show a strong increase in knowledge of culturally responsive subjects over time.

The most common subjects that PRC and non-PRC workers were knowledgeable about was local and state resources (95%). The least known subject among prevention workers was grant writing (~65%). Over time, there appeared to be improvement in knowledge across subjects. The subjects with the highest increases in percentage of PRC workers who know at least “about the same as others” from 2019 to 2023 were evaluation principles and practices (13% increase) and local and state resources (13% increase). There is still room to grow with roughly 16% of respondents indicating they did not feel knowledgeable in “data management and reporting” or “program management”.

### PRC workers:

Are skilled in their daily job tasks

Would like to know more about

- grant writing
- advocacy
- data / program management (including reporting)
- curricula / policy development

and are looking to learn these through both formal trainings and peer collaboration; both entry level and advanced trainings would be helpful

Believe more training in conjunction with more funding would make them more effective

When looking at skills, respondents were overwhelmingly comfortable with “public speaking / presentation” “understanding data and research”, “working with youth”, “group facilitation” and coalition building. The skill that showed the highest increase in PRC workers’ knowledge over time was coalition building with a 15% increase. However, over 20% of PRC respondents indicated that they did not feel knowledgeable about “advocacy”, “curricula development” and “policy development or implementation”. The most popular support request was trainings, workshops or conferences

(36%) closely followed by “collaboration and networking opportunities / information about what works in other areas”. Notably, there was a sharp increase from 2021 to 2023 for request for “advanced trainings for professionals”.

Respondents were asked what would make them more effective as a member of the substance use prevention workforce. PRCs most commonly answered they would be more effective with training or education (25%) and program funding (18%). Looking over time, there was a decrease in those asking for more “organizational support, better management, better pay, or more staff or resources” while there was an increase in those asking for “program funding”.

## II. INTRODUCTION

The Missouri Substance Use Prevention Workforce Survey was originated in 2018 in order to gain insight on the substance use prevention workforce's ability, compensation, and needs. Results of the survey are intended to inform which subsequent resources and training are most needed by the workforce.

The Missouri Institute of Mental Health at the University of Missouri Saint Louis, in partnership with Missouri's Department of Mental Health, Division of Behavioral Health, and Onward Consulting, revised the original survey in 2023. The survey was open February 1 to February 28. It was distributed statewide to Prevention Resource Centers (PRCs), prevention coalitions, and health departments.

Data analysis was conducted to determine key statistical differences in how the prevention workforce responded based on whether they were employed by a PRC. Among those who identified as substance use prevention workers, statistically significant differences, depending on PRC employment status, were found in several categories of education, knowledge, skills, training needs, and compensation. This report will feature a detailed examination of the data collected.

## III. SURVEY ANALYSIS

### 1. DEMOGRAPHICS

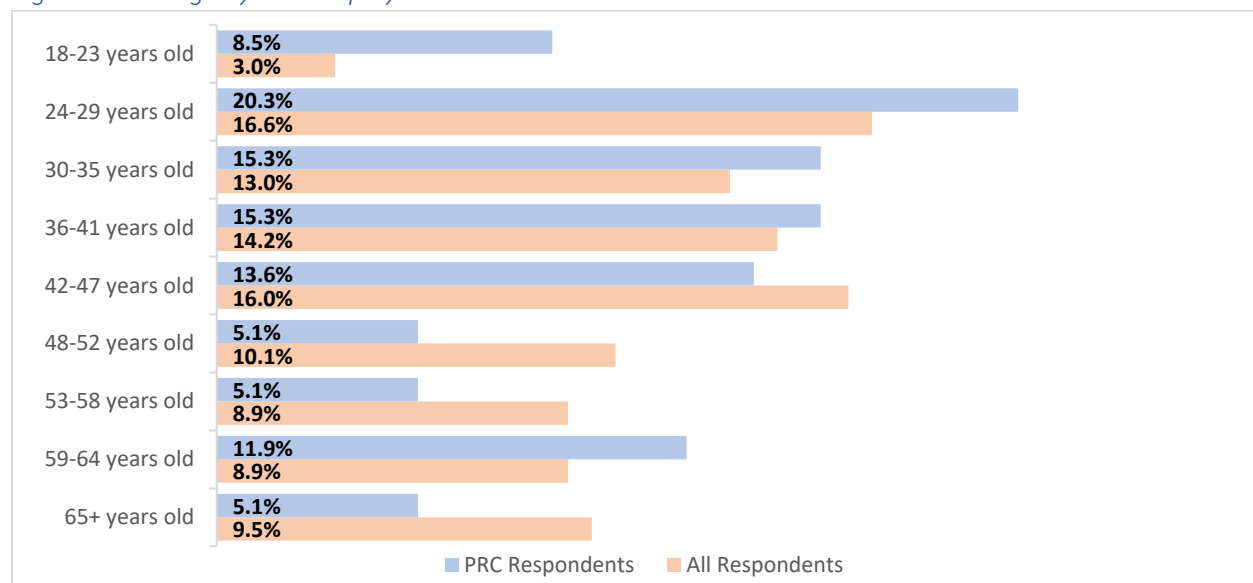
#### 1a. Gender, race, and age

Most respondents of the survey were female (73.2%), 25% were male, and 1.8% of the prevention workforce identified as "Other". Only 2.7% were transgender or were unsure of their gender identity.

The respondents were a majority Caucasian or white only (84.8%), followed by 7.1% Black or African American only, 1.2% Asian or Asian American and 3.6% with two or more races. Only 4.5% identified as Hispanic or Latino. About one in every ten participants (9.5%) speaks a language other than English.

Respondents' age trended younger with nearly 60% of participants between the ages of 24 and 47. The highest proportion of participants were aged 24-29 (16.6%), followed by those aged 42-47 (16.0%).

Figure 3.1.1 - Age by PRC Employment Status



## 2a. Employment Status

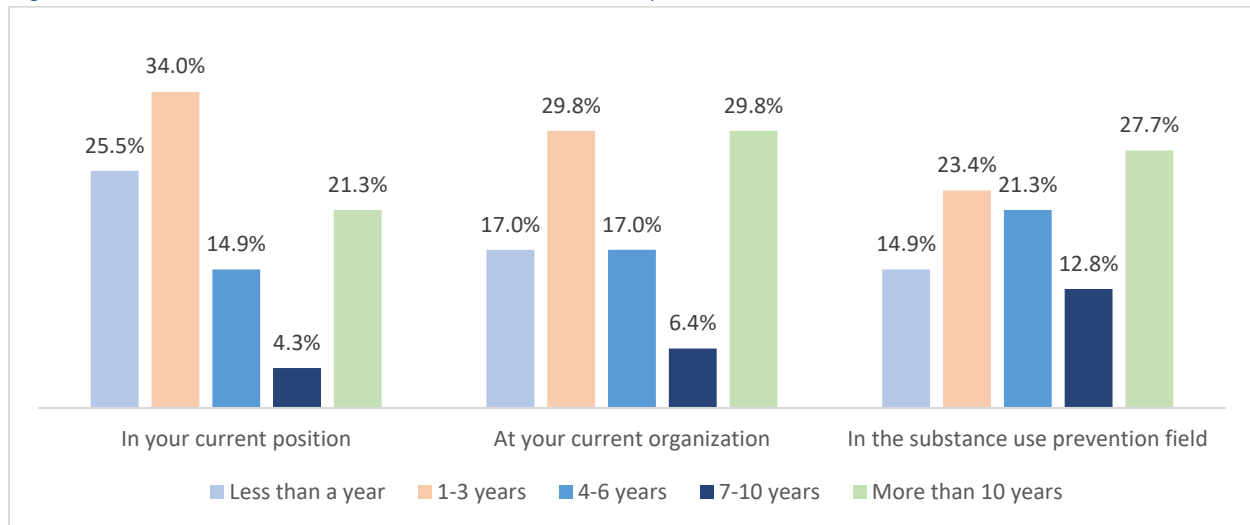
Among survey participants who volunteer or work in substance use prevention in Missouri, about half (52.7%) work for a Prevention Resource Center. A large majority (91.5%) work full time (defined as 26-40 hours per week), 2.8% work part time (15-26 hours per week), and 5.7% work less than part time (under 15 hours per week). Most respondents are salaried (63.2%) or hourly (29.2%), but 7.5% are volunteers.

## 2. PROFESSIONAL BACKGROUND

### 2a. Number of Years Worked in the Field

Most non-PRC participants worked in their current position (34.0%) and/or their current organization (29.8%) between one and three years. After one to three years, it appears that the percentage of participants in the current position, their current organization, or in the substance use prevention field decreased at four to six years and again at seven to ten years. The percentage of non-PRC respondents who have been in their position, their organization, or the prevention field increases between seven and ten years and more than ten years.

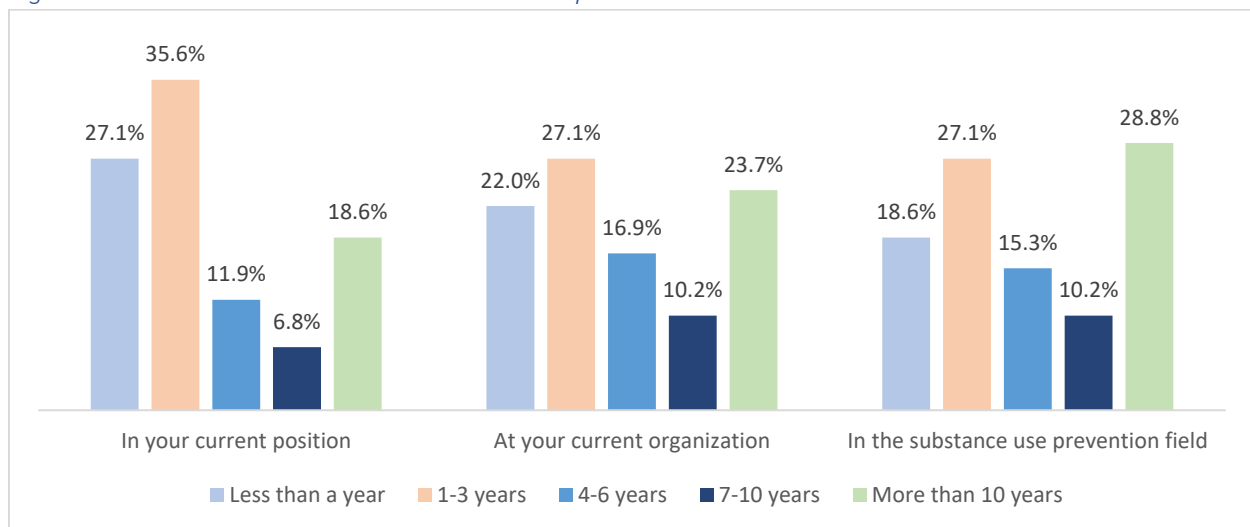
Figure 3.2.1 – Years Worked in the Field – Non-PRC Respondents



Respondents who work at Prevention Resource Centers have worked in their current position, their current organization, and in the substance use prevention field, appear to follow a similar trend to the non-PRC participants. Most PRC respondents worked in their current position (35.6%) and organization (27.1%) for one to three years. However, most PRC respondents did report being in the substance use prevention field for more than ten years (28.8%).



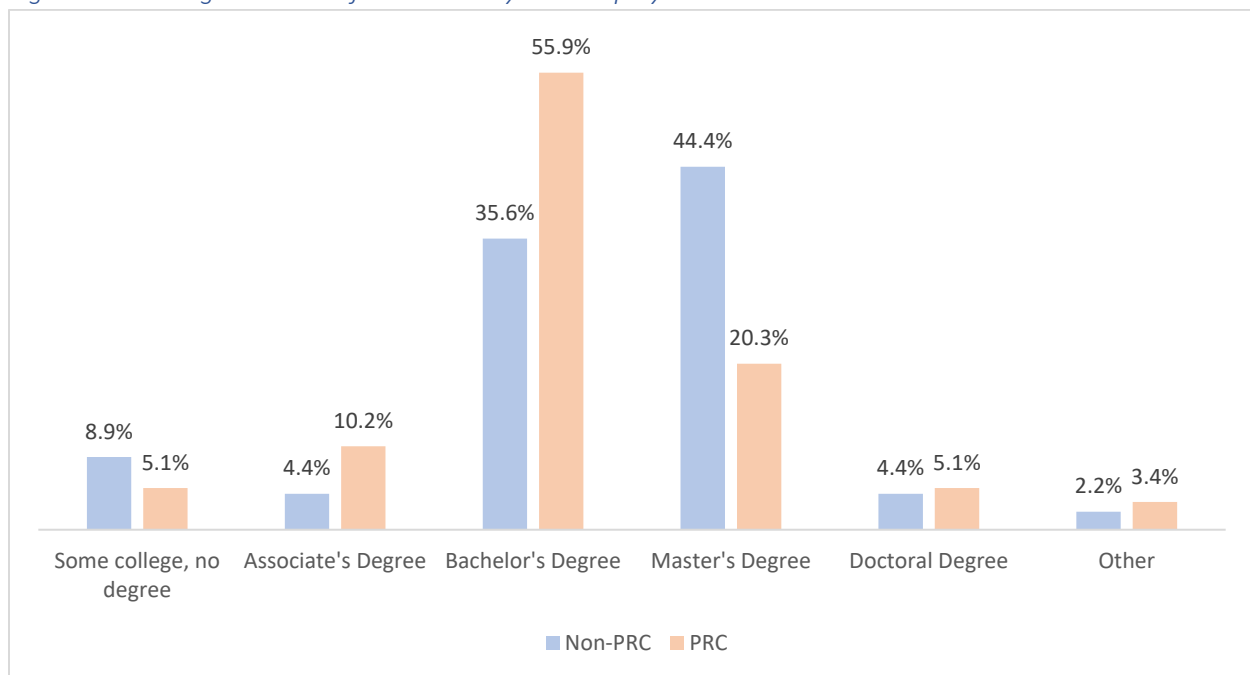
Figure 3.2.2- Years worked in the Field – PRC Respondents



## 2b. Level of Education

Most PRC (81.3%) and non-PRC (84.4%) attained a bachelor's degree or higher. A higher percentage of non-PRC respondents earned a master's degree (44.4%) than any other degree whereas the most PRC respondents earned a bachelor's degree.

Figure 3.2.3 – Highest Level of Education by PRC Employment Status



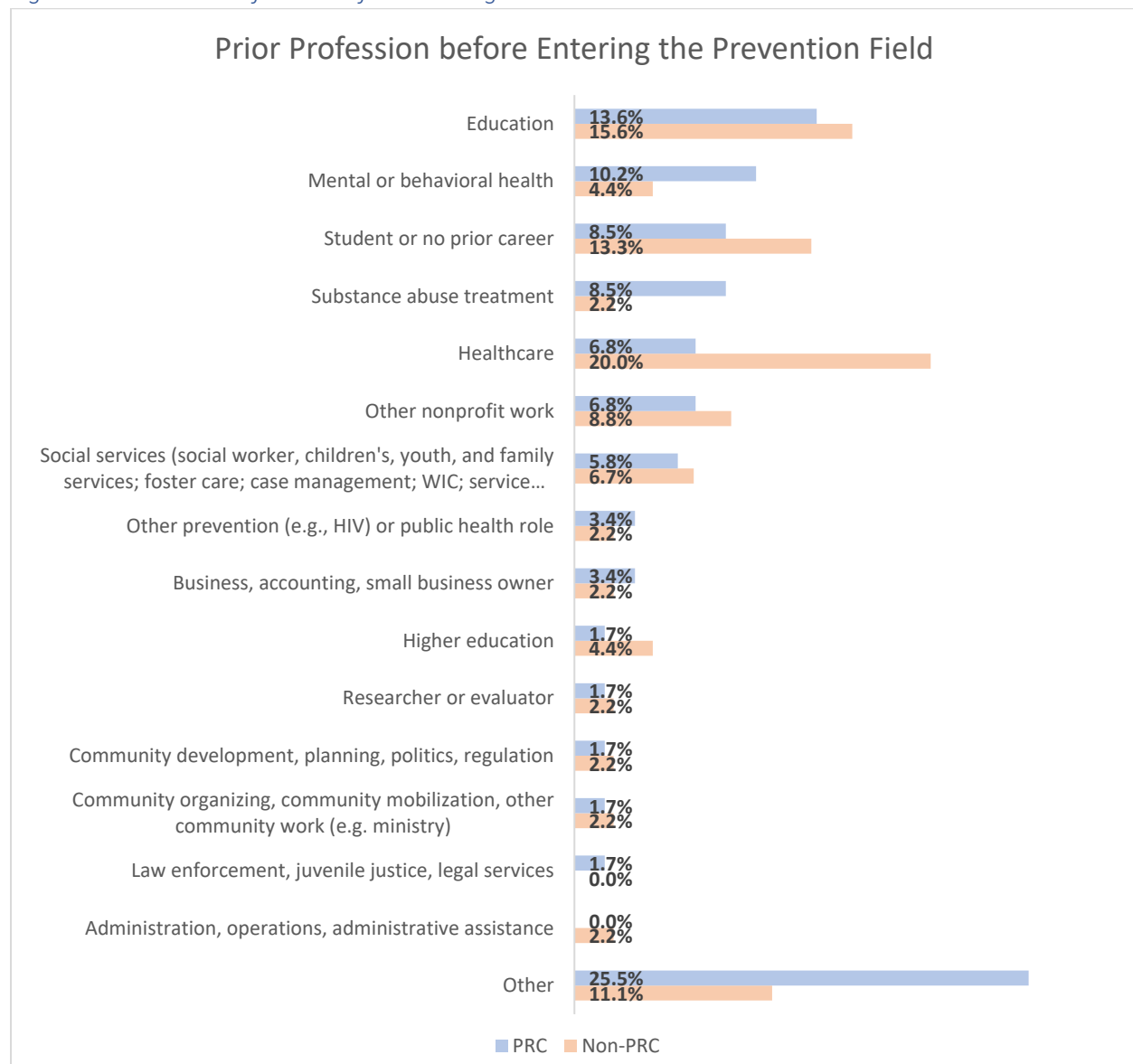
## 2c. Work Prior to Entering Prevention Field

Among PRC respondents, the three most common named professions prior to entering the prevention field (apart from "other") were education (13.6%), mental or behavioral health (10.2%), student or no prior career (8.5%). Among respondents not working for a Prevention Resource Center, the most common professions prior to entering the prevention field were healthcare (20.0%), education (15.6%),



or student or no prior career (13.3%). There were no statistically significant differences between the past professions ( $p = 0.665$ ).

Figure 3.2.4 – Prior Profession Before Entering the Prevention Field



### 3. CAREER PLANNING AND TRANSITION

#### 3a. Reasons for Choosing and Staying in Field

While several reasons were selected for joining the substance use prevention field, the reason selected most among both PRC and non-PRC participants was a compound answer which included “to help people or make a difference”, “the work is meaningful or rewarding”; or “belief that prevention works” (42.4% vs 34.1% respectively). Statistical testing does not detect sufficient evidence to believe that there is a difference between how PRC and non-PRC workers answered that is not due to random chance ( $p = 0.299$ ).

Table 3.3.1 - Reason for Entering Prevention Field

Reason for Entering Prevention Field (p = 0.229)	Overall	Non-PRC	PRC
To help people or make a difference; the work is meaningful or rewarding; belief that prevention works	38.8%	34.1%	42.4%
To help children or youth specifically	9.7%	11.4%	8.5%
Career opportunity or grant award	8.7%	6.8%	10.2%
Personal experience with substance abuse (substance use, addiction, or death of self, parent, child, friend)	12.6%	11.4%	13.6%
Recognize substance abuse as a need or public health issue in the community	7.8%	9.1%	6.8%
Not primarily in prevention field: main job role is treatment, education, public health, mental health, coalition building, etc., but prevention is part of that	4.9%	11.4%	0.0%
Personal interest or passion for the topic/field	2.9%	0.0%	5.1%
Interest in working with, educating, or mobilizing the community	5.8%	6.8%	5.1%
Exposure to substance abuse or prevention field through a previous role	1.0%	2.3%	0.0%
Previously worked in treatment, and wanted to have greater impact	2.9%	2.3%	3.4%
Other	4.9%	4.5%	5.1%

Over time, there were no statistically significant changes on how PRC workers entered the field between 2021 and 2023. The most common reason PRC workers joined the workforce continues to be “to help people or make a difference...”. Notably, there was a 8.4% increase in PRC workers who entered the field for a career opportunity or grant award and a 15.5% decrease in the workers who entered the field to help people or make a difference.

Figure 3.3.1 - Reason for Entering Prevention Field – PRC Over Time

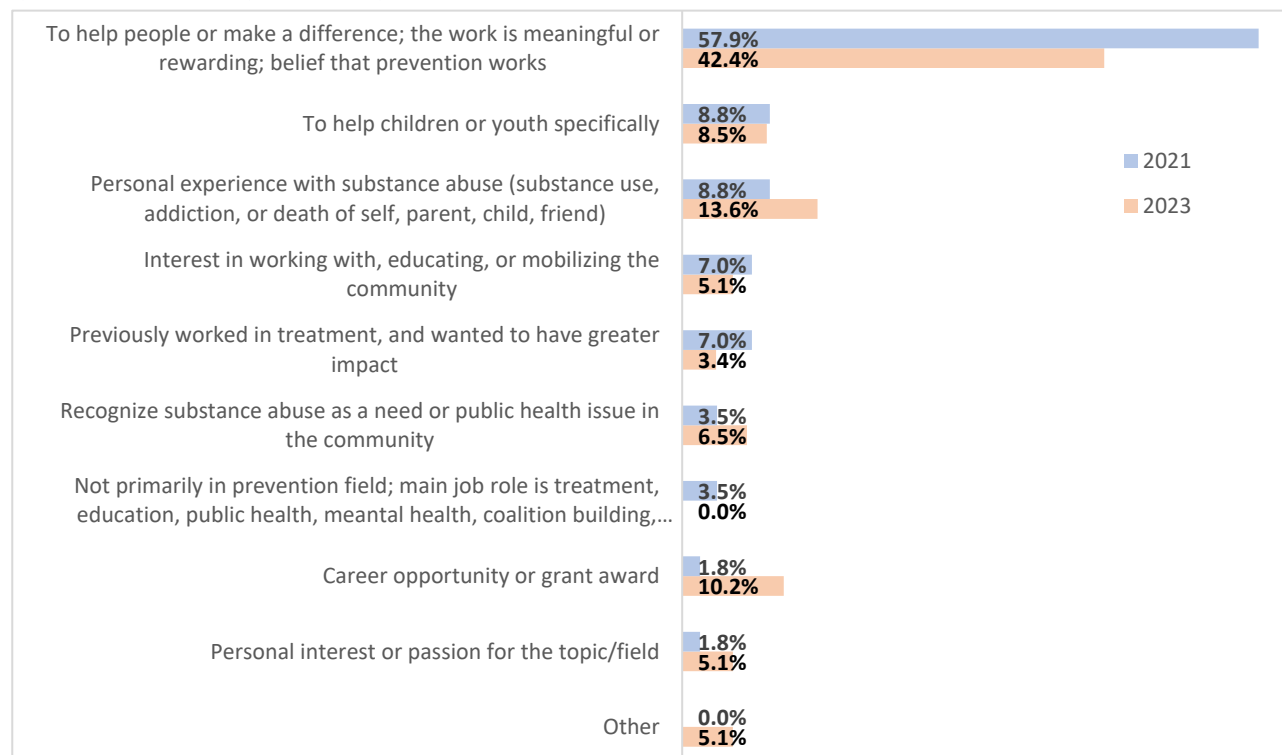


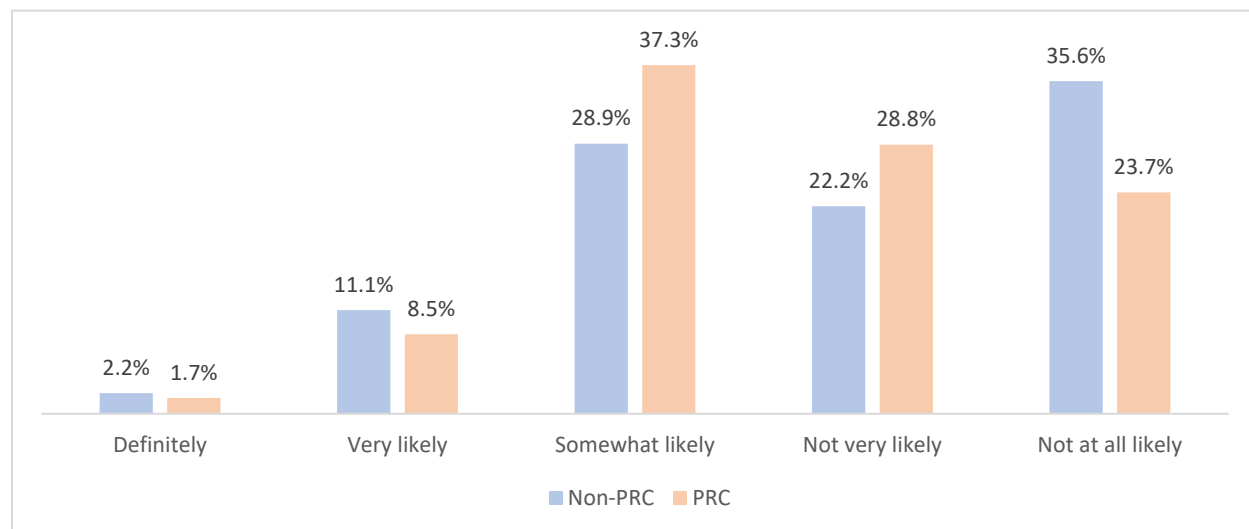
Table 3.3.2 - Reason for Entering Prevention Field – PRC Over Time

Reason for Entering Prevention Field: PRC Over Time (p = 0.171)	2021	2023
To help people or make a difference; the work is meaningful or rewarding; belief that prevention works	57.9%	42.4%
To help children or youth specifically	8.8%	8.5%
Career opportunity or grant award	1.8%	10.2%
Personal experience with substance abuse (substance use, addiction, or death of self, parent, child, friend)	8.8%	13.6%
Recognize substance abuse as a need or public health issue in the community	3.5%	6.5%
Not primarily in prevention field: main job role is treatment, education, public health, mental health, coalition building, etc., but prevention is part of that	3.5%	0.0%
Personal interest or passion for the topic/field	1.8%	5.1%
Interest in working with, educating, or mobilizing the community	7.0%	5.1%
Previously worked in treatment, and wanted to have greater impact	7.0%	3.4%
Other	0.0%	5.1%

### 3b. Likelihood of Leaving the Field in the Next Three Years

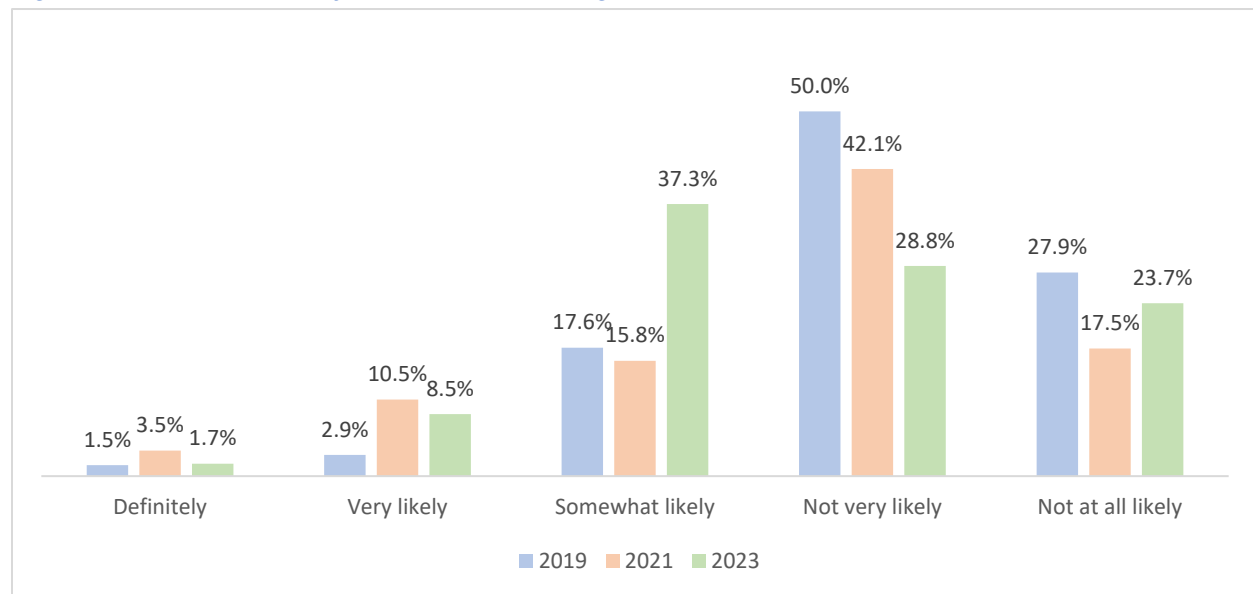
Participants were asked how likely it would be that they leave their job within the next three years voluntarily. Roughly 13.3% of non-PRC respondents and 10.2% of PRC respondents are definitely or very likely going to leave their position in the next three years. Statistical testing shows insufficient evidence to rule out random chance to account for the differences between PRC and non-PRC respondents (p = 0.659).

Figure 3.3.2 – Likelihood of Voluntarily Leaving Current Job in the Next Three Years – PRC vs Non-PRC



In 2023, 10.2% PRC respondents indicated that they would “definitely” or “very likely” leave their job within the next three years. This is an increase since 2019 when only 4.4% of PRC respondents responded the same. These differences were not statistically significant, meaning that there is insufficient evidence to conclude with at least 95% certainty that the differences are not due to random chance.

Figure 3.3.3 . Likelihood of PRC Worker Leaving the Field in the Next Three Years – PRC Over Time



### 3c. Role in the Next Three Years

Participants were asked about where they see themselves in the next three years. Notably, only 13.6% of PRC respondents indicated that they wish to stay in the same position and 13.6% wish to stay with their current organization but advanced in their role. Statistical testing could not verify differences between how non-PRC respondents and PRC respondents answered were not due to random chance ( $p = 0.401$ ).

Table 3.3.3 – Visions for the Next Three Years – PRC vs Non-PRC

Where do you see yourself professionally in the next 3 years ( $p = 0.401$ )	Overall	Non-PRC	PRC
Same position	21.2%	31.1%	13.6%
Working in substance abuse prevention (new or continuing role)	16.3%	8.9%	22.0%
Retired or near retirement	8.7%	8.9%	8.5%
Advanced in current organization (e.g., leadership/management, policymaking, program development)	10.6%	6.7%	13.6%
Working with youth and the community (new or continuing role)	3.8%	2.2%	5.1%
Unsure	11.5%	13.3%	10.2%
Other prevention or health-related field (sexual health, mental health, public health, etc.)	4.8%	4.4%	5.1%
Leadership-level role (at an organization that is either left unspecified or that is different from current organization)	8.7%	6.7%	10.2%
Other substance use career (treatment, recovery, clinical role, research, etc)	1.0%	0.0%	1.7%
Education (K-12 or higher education)	1.9%	4.4%	0.0%
Receiving better pay or benefits	1.0%	2.2%	0.0%
In school or finishing degree	3.8%	4.4%	3.4%
Trainer or consultant	1.9%	2.2%	1.7%

<b>Other organization, state, or location, not further specified</b>	2.9%	2.2%	3.4%
<b>Part-time role</b>	1.0%	2.2%	0.0%
<b>Other</b>	1.0%	0.0%	1.7%

In 2021, Prevention Resource Center workers most commonly predicted that they will be working in the same position (21.1%), followed by working in substance abuse prevention (17.5%), or advanced in their current organization (17.5%). In 2023, the most common answer was working in substance abuse prevention (22.0%), followed by working in the same position (13.6%) or advanced in their current organization (13.6%). Statistical testing shows these differences were not significant.

*Table 3.3.4 – Visions for the Next Three Years – PRC Over Time*

<b>Where do you see yourself professionally in the next 3 years (p = 0.558)</b>	<b>2021</b>	<b>2023</b>
<b>Same position</b>	21.1%	13.6%
<b>Working in substance abuse prevention (new or continuing role)</b>	17.5%	22.0%
<b>Retired or near retirement</b>	3.5%	8.5%
<b>Advanced in current organization (e.g., leadership/management, policymaking, program development)</b>	17.5%	13.6%
<b>Working with youth and the community (new or continuing role)</b>	8.8%	5.1%
<b>Unsure</b>	3.5%	10.2%
<b>Other prevention or health-related field (sexual health, mental health, public health, etc.)</b>	5.3%	5.1%
<b>Leadership-level role (at an organization that is either left unspecified or that is different from current organization)</b>	7.0%	10.2%
<b>Other substance use career (treatment, recovery, clinical role, research, etc)</b>	1.8%	1.7%
<b>Education (K-12 or higher education)</b>	1.8%	0.0%
<b>Receiving better pay or benefits</b>	5.3%	0.0%
<b>In school or finishing degree</b>	0.0%	3.4%
<b>Trainer or consultant</b>	0.0%	1.7%
<b>Other organization, state, or location, not further specified</b>	3.5%	3.4%
<b>Business or corporate role</b>	1.8%	0.0%
<b>Other</b>	1.8%	1.7%

## 4. ROLES AND TASKS

### 4a. Primary Role in Prevention Services

The most common primary roles among PRC participants were indirect services such as coalition work or community education (68.7%) and training or technical assistance (54.2%). The most common primary roles among non-PRC participants was indirect services such as coalition work or community education (51.1%). The largest differences in primary roles between PRC and non-PRC respondents was providing direct services to participants (49.2% vs 21.3%,  $p < 0.001$ ) and training and technical assistance (54.2% vs 19.1%,  $p < 0.001$ ). PRC workers considered four of the five tasks their primary role at a higher rate than non-PRC workers (indirect services such as coalition work or community education, training and technical assistance, providing direct services to participants, and management with direct service responsibilities. Non-PRC respondents said that management without direct service responsibilities was a part of their primary role at a higher rate than PRC respondents.

The tasks “almost always” and “often” completed by prevention workers daily were information dissemination (74.0%) and program planning (69.5%). The tasks that are “almost always” or “often” completed the least by prevention workers was parent training (16.3%), alternative activities (13.5%), and case management (7.8%). A breakdown of the frequency of administration, planning, implementation, and evaluation tasks between the groups is available in Appendix B.

Figure 3.4.1 - Primary Role by PRC Employment Status

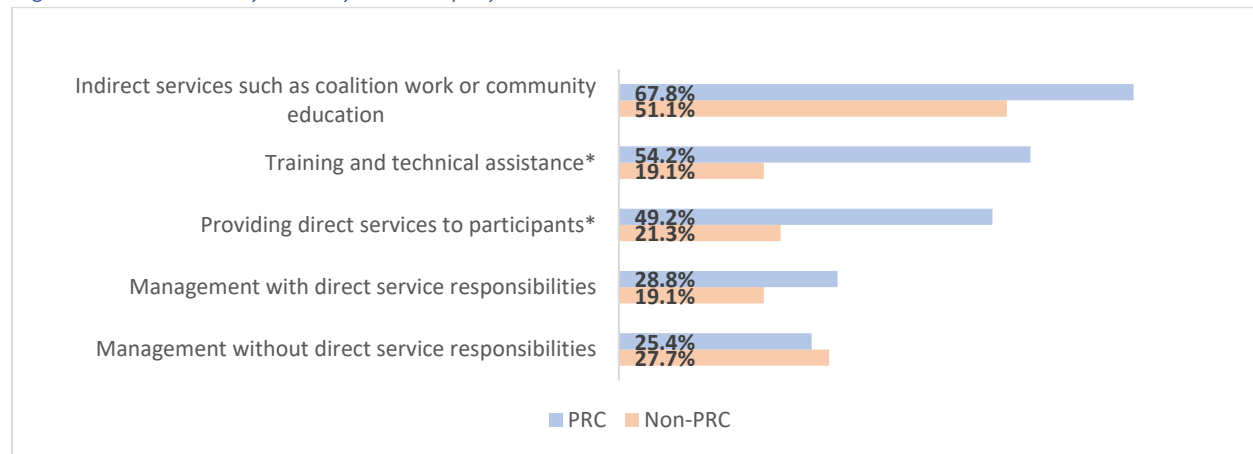


Table 3.4.1 – Visions for the Next Three Years – PRC Over Time

Variable (Primary role)	Overall	Non-PRC	PRC	P-Value
Indirect services such as coalition work or community education	60.4%	51.1%	67.8%	0.134
Training and technical assistance	38.7%	19.1%	54.2%	< 0.001*
Providing direct services to participants	36.8%	21.3%	49.2%	< 0.001*
Management with direct service responsibilities	24.5%	19.1%	28.8%	0.455
Management without direct service responsibilities	26.4%	27.7%	25.4%	0.639
*Considered statistically significant with 95% confidence interval				

## 5. TRAINING

### 5a. Knowledge

Most (over 90%) PRC respondents reported their knowledge being at least about the same as others for a majority of the theories and frameworks presented. There was a statistically significant difference between the percentage of non-PRC and PRC respondents who believe their knowledge is at least about the same as others when presented with the topics of coalition building (71.8% vs 94.5%,  $p < 0.05$ ), youth development (69.2% vs 94.5%,  $p < 0.05$ ), and Strategic Prevention Framework (SPF) plan development (64.1% vs 92.6%,  $p < 0.05$ ). Environmental substance use prevention and the Institutes of Medicine (IOM) or prevention continuum were the least known about between the two groups.

Figure 3.5.1 – Knowledge: Theories and Frameworks (“About the same as others” or better)

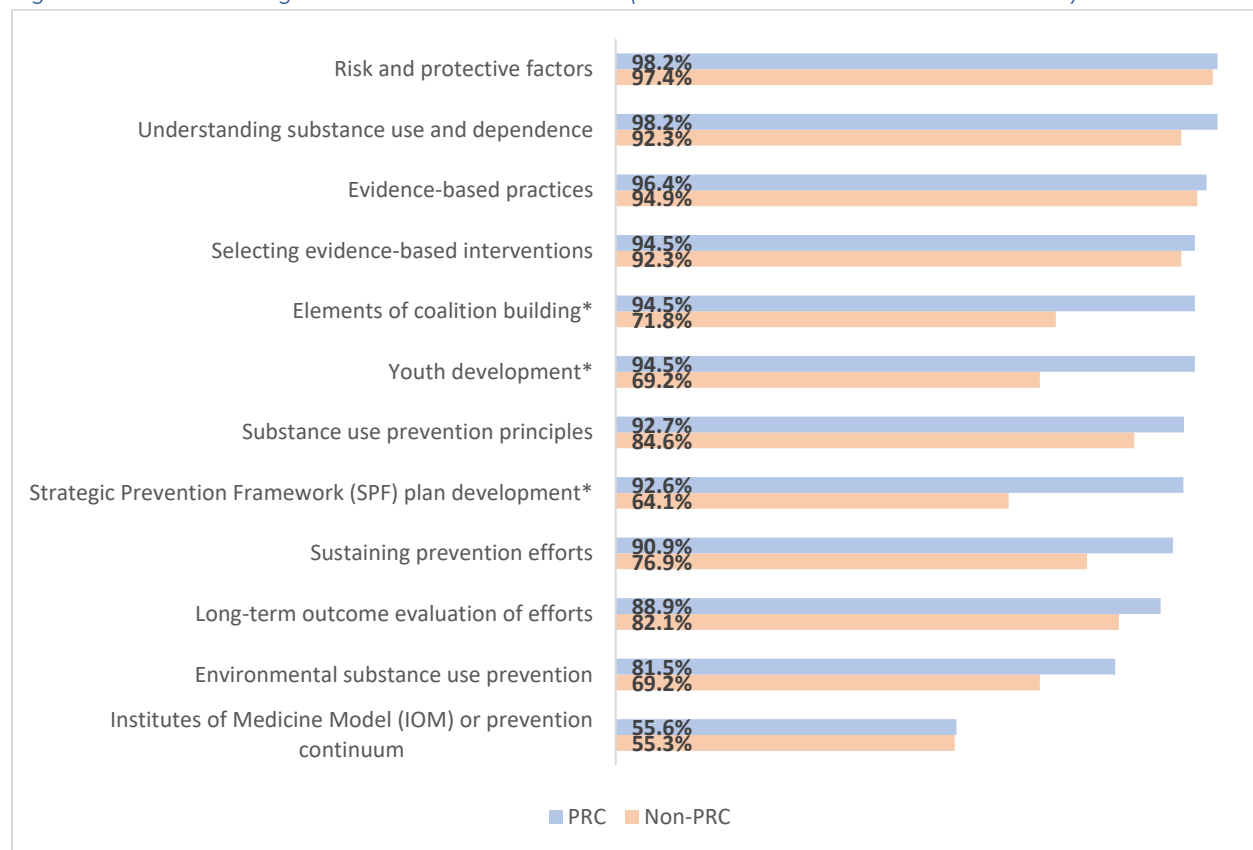
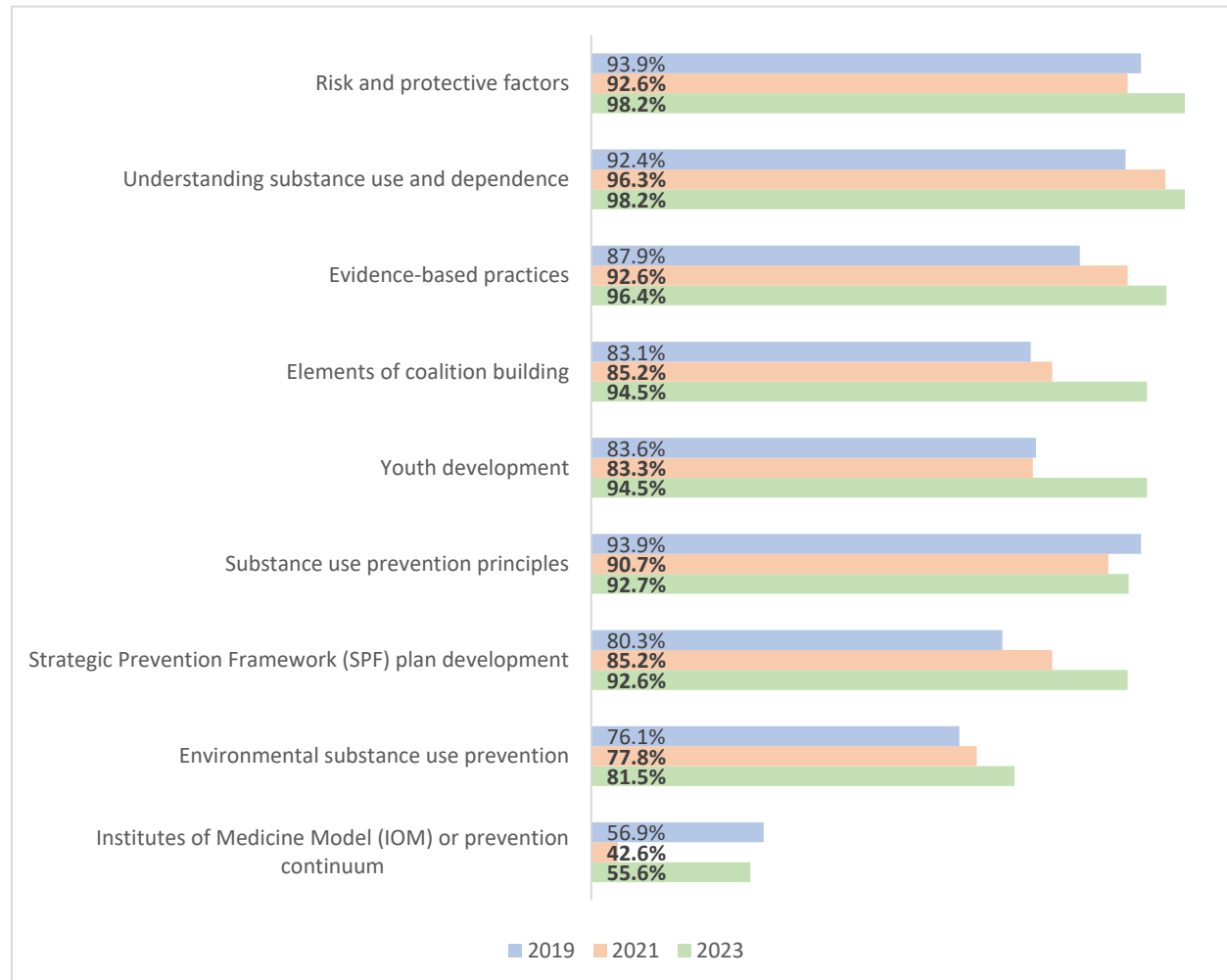


Table 3.5.1: Knowledge: Theories and Frameworks

Variable (Knowledge is “About the same as others” or better)	Overall	Non-PRC	PRC	P-Value
<b>Risk and protective factors</b>	97.9%	97.4%	98.2%	0.805
<b>Understanding substance use and dependence</b>	95.8%	92.3%	98.2%	0.158
<b>Evidence-based practices</b>	95.7%	94.9%	96.4%	0.724
<b>Selecting evidence-based interventions</b>	93.6%	92.3%	94.5%	0.662
<b>Elements of coalition building</b>	85.1%	71.8%	94.5%	<b>0.002*</b>
<b>Youth development</b>	84.0%	69.2%	94.5%	<b>&lt; 0.001*</b>
<b>Substance use prevention principles</b>	89.4%	84.6%	92.7%	0.209
<b>Strategic Prevention Framework (SPF) plan development</b>	80.6%	64.1%	92.6%	<b>&lt; 0.001*</b>
<b>Sustaining prevention efforts</b>	85.1%	76.9%	90.9%	0.061
<b>Long-term outcome evaluation of efforts</b>	86.0%	82.1%	88.9%	0.348
<b>Environmental substance use prevention</b>	76.3%	69.2%	81.5%	0.170
<b>Institutes of Medicine Model (IOM) or prevention continuum</b>	55.4%	55.3%	55.6%	0.978
<b>* Considered statistically significant with 95% confidence interval</b>				

When measuring PRC workers' knowledge over time, the two subjects with highest increases since 2019 were elements of coalition building (from 83.1% to 94.5%, 11.4% increase) and youth development (from 83.6% to 94.5%, 10.9% increase). The least known subject among PRC workers with the lowest among of change over time was the Institutes of Medicine (IOM) or prevention continuum (56.9% to 55.6%, -1.3% difference). None of the differences in the Theories and Frameworks category over time were statistically significant.

*Figure 3.5.2 – Knowledge: Theories and Frameworks (“About the same as others” or better) – PRC Over Time*



*Table 3.5.2: Knowledge: Theories and Frameworks – PRC Over Time*

Variable (Knowledge is “About the same as others” or better)	2019	2021	2023	P-value
<b>Risk and protective factors</b>	93.9%	92.6%	98.2%	0.381
<b>Understanding substance use and dependence</b>	92.4%	96.3%	98.2%	0.291
<b>Evidence-based practices</b>	87.9%	92.6%	96.4%	0.226
<b>Elements of coalition building</b>	83.1%	85.2%	94.5%	0.144
<b>Youth development</b>	83.6%	83.3%	94.5%	0.130



Substance use prevention principles	93.9%	90.7%	92.7%	0.801
Strategic Prevention Framework (SPF) plan development	80.3%	85.2%	92.6%	0.161
Environmental substance use prevention	76.1%	77.8%	81.5%	0.772
Institutes of Medicine Model (IOM) or prevention continuum	56.9%	42.6%	55.6%	0.244
<i>*Considered statistically significant with 95% confidence interval</i>				

When presented with culturally responsive subjects, over 90% of PRC respondents said they know at least about the same as others on most subjects, except linguistically competent substance use prevention service delivery (78.2%). There were statistically significant differences between the percentage of non-PRC and PRC respondents who reported knowing at least about the same as others on culturally responsive substance use prevention service delivery (76.9% vs 96.4%,  $p < 0.05$ ) and family dynamics or systems (71.8% vs 92.7%,  $p < 0.05$ ).

Figure 3.5.3 – Knowledge: Culturally Responsive Subjects (“About the same as others” or better)

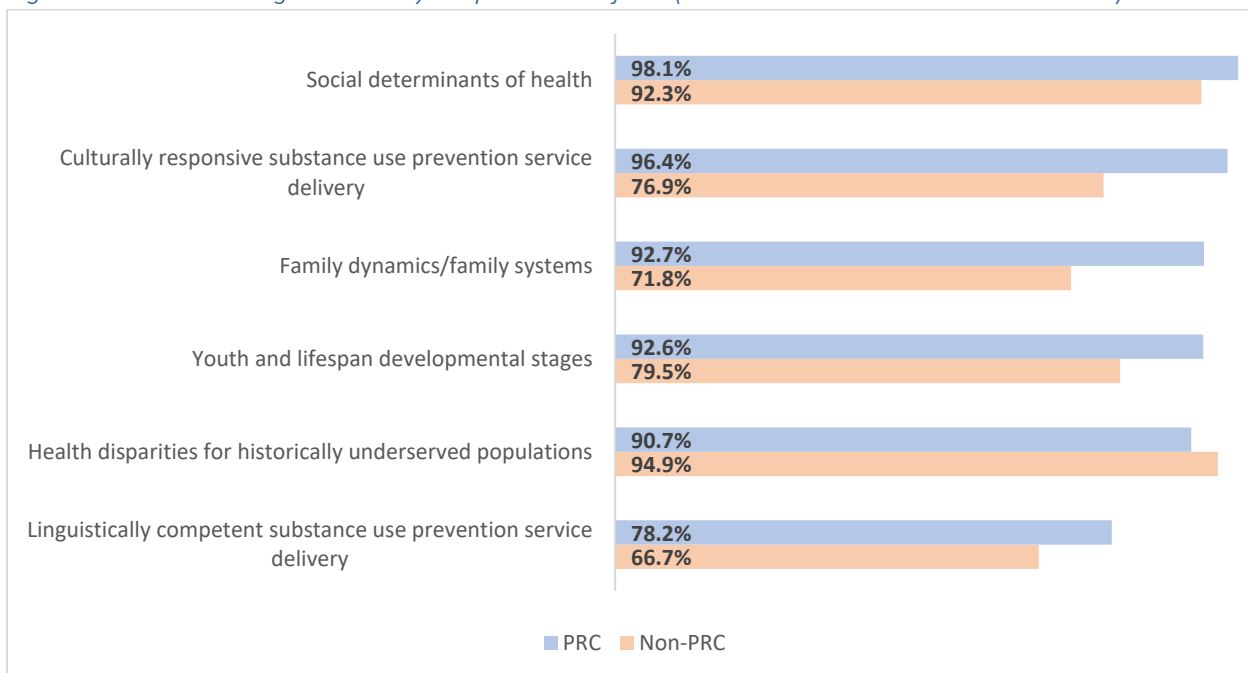


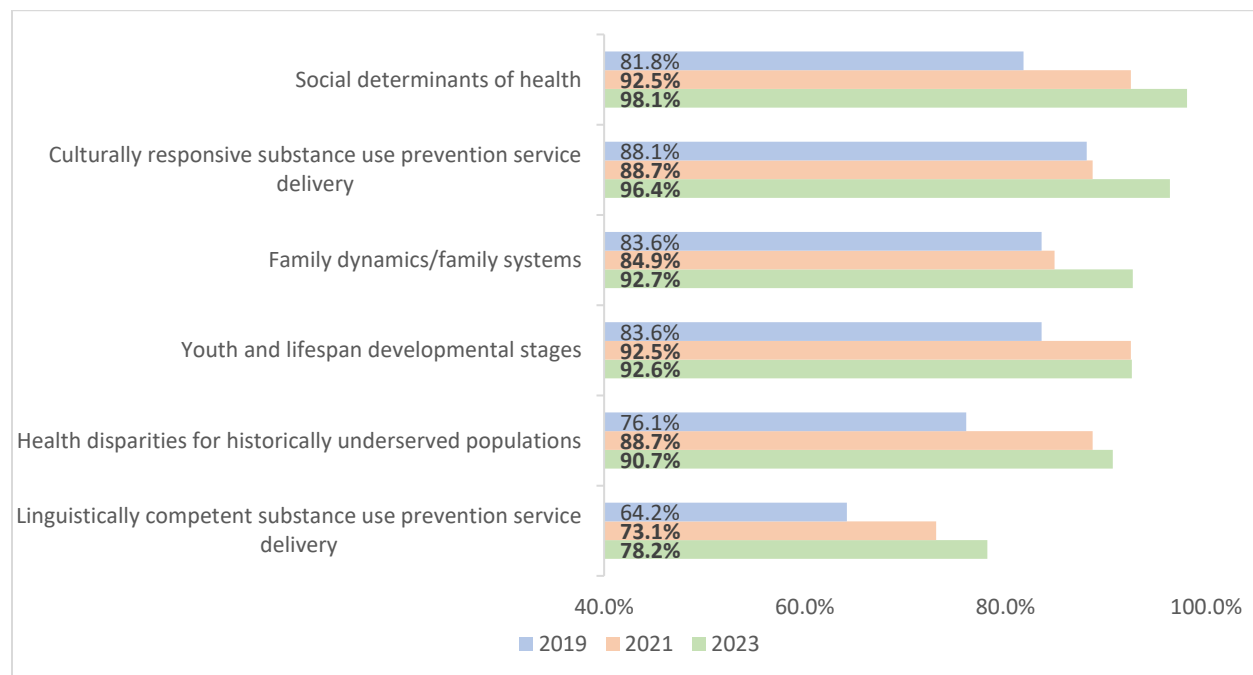
Table 3.5.3 – Knowledge: Culturally Responsive Subjects

Variable (Knowledge is “About the same as others” or better)	Overall	Non-PRC	PRC	P-Value
Social determinants of health	95.7%	92.3%	98.1%	0.171
Culturally responsive substance use prevention service delivery	88.3%	76.9%	96.4%	<b>0.004*</b>
Family dynamics/family systems	84.0%	71.8%	92.7%	<b>0.006*</b>
Youth and lifespan developmental stages	87.1%	79.5%	92.6%	0.063
Health disparities for historically underserved populations	92.5%	94.9%	90.7%	0.456

<b>Linguistically competent substance use prevention service delivery</b>	73.4%	66.7%	78.2%	0.213
<b>*Considered statistically significant with 95% confidence interval</b>				

PRC workers were much more likely to show increased knowledge about culturally responsive substance use prevention delivery than their non-PRC counterparts (96.4% vs 76.9%,  $p < 0.05$ ). PRC workers tend to be more educated than non-PRC workers on family dynamics and family systems (92.7% vs 71.8%,  $p < 0.05$ ). The subject with the least among of change between PRC and non-PRC workers was health disparities for historically underserved populations (90.7% vs 94.9%, respectively).

*Figure 3.5.4 – Knowledge: Culturally Responsive Subjects (“About the same as others” or better) – PRC over time*



The culturally responsive subjects with highest increase in the percentage of PRC workers who know “about the same as others” were social determinants of health (81.8% to 98.1%, 16.3% difference) and health disparities for historically underserved populations (76.1% to 90.7%, 14.6% difference). The subjects with the least increase over time was youth and lifespan developmental stages (83.6% to 92.6%, 9.0% difference). There is sufficient evidence to conclude that the percentage of PRC workers who believe they know “about the same as others” concerning social determinants of health increased between 2019 and 2023. Additionally, there was a marginally statistically significant increase between the percentage of PRC workers’ knowledge in health disparities for historically underserved populations in 2019 and 2023 ( $p = 0.052$ ).

Table 3.5.4 – Knowledge: Culturally Responsive Subjects – PRC Over Time

Variable (Knowledge is “About the same as others” or better)	2019	2021	2023	P-Value
<b>Social determinants of health</b>	81.8%	92.5%	98.1%	0.009*
<b>Culturally responsive substance use prevention service delivery</b>	88.1%	88.7%	96.4%	0.230
<b>Family dynamics/family systems</b>	83.6%	84.9%	92.7%	0.291
<b>Youth and lifespan developmental stages</b>	83.6%	92.5%	92.6%	0.184
<b>Health disparities for historically underserved populations</b>	76.1%	88.7%	90.7%	0.052*
<b>Linguistically competent substance use prevention service delivery</b>	64.2%	73.1%	78.2%	0.222
<i>*Considered statistically significant with 95% confidence interval</i>				

The most common subject among program sustainability subjects that PRC and non-PRC workers were knowledgeable about was local and state resources (94.6% vs 94.9%, respectively). The least known subject among prevention workers was grant writing (PRC 66.1% vs Non-PRC 64.1%). There were no statistically significant differences between the two groups.

Figure 3.5.5 – Knowledge: Program Sustainability Subjects (“About the same as others” or better)

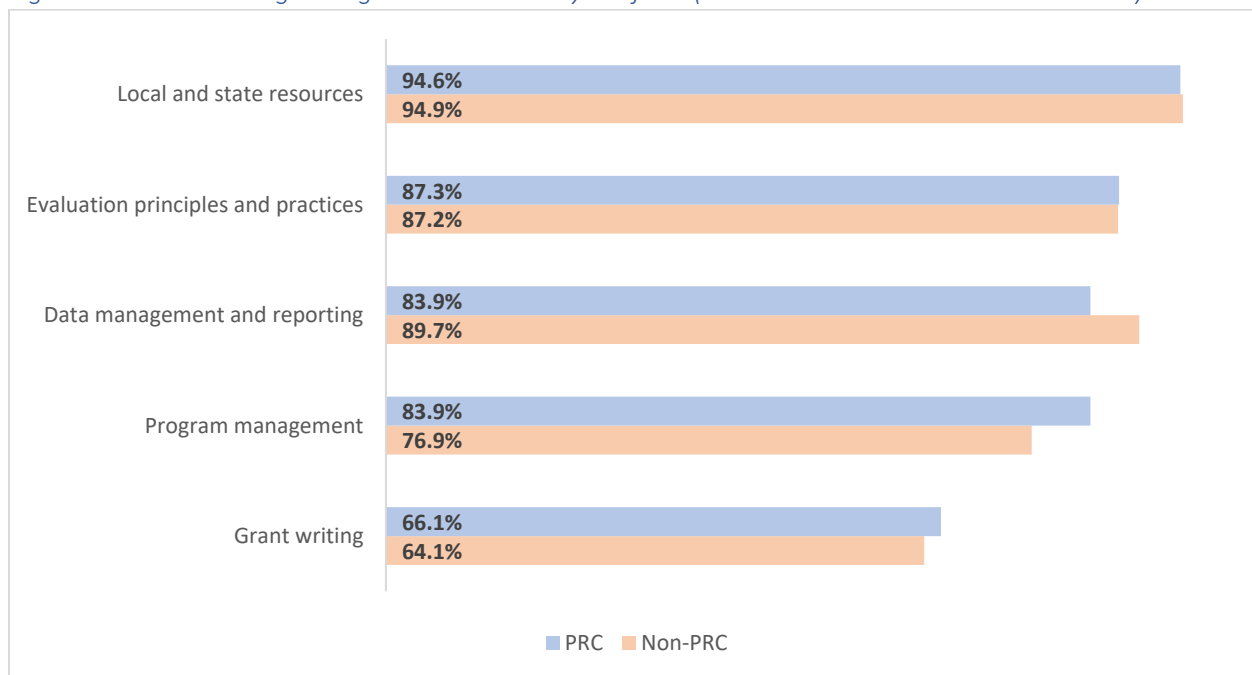


Table 3.5.5 – Knowledge: Program Sustainability Subjects

Variable (Knowledge is “About the same as others” or better)	Overall	Non-PRC	PRC	P-Value
Local and state resources	94.7%	94.9%	94.6%	0.961
Evaluation principles and practices	87.2%	87.2%	87.3%	0.989
Data management and reporting	86.3%	89.7%	83.9%	0.417
Program management	81.1%	76.9%	83.9%	0.391
Grant writing	65.3%	64.1%	66.1%	0.843

Over time, there appeared to be improvement in knowledge across all program sustainability subjects. The subjects with the highest increases in percentage of PRC workers who know at least “about the same as others” from 2019 to 2023 were evaluation principles and practices (12.7% increase) and local and state resources (12.5% increase). None of the changes over time were statistically significant.

Figure 3.5.6 – Knowledge: Program Sustainability Subjects (“About the same as others” or better) – PRC Over Time

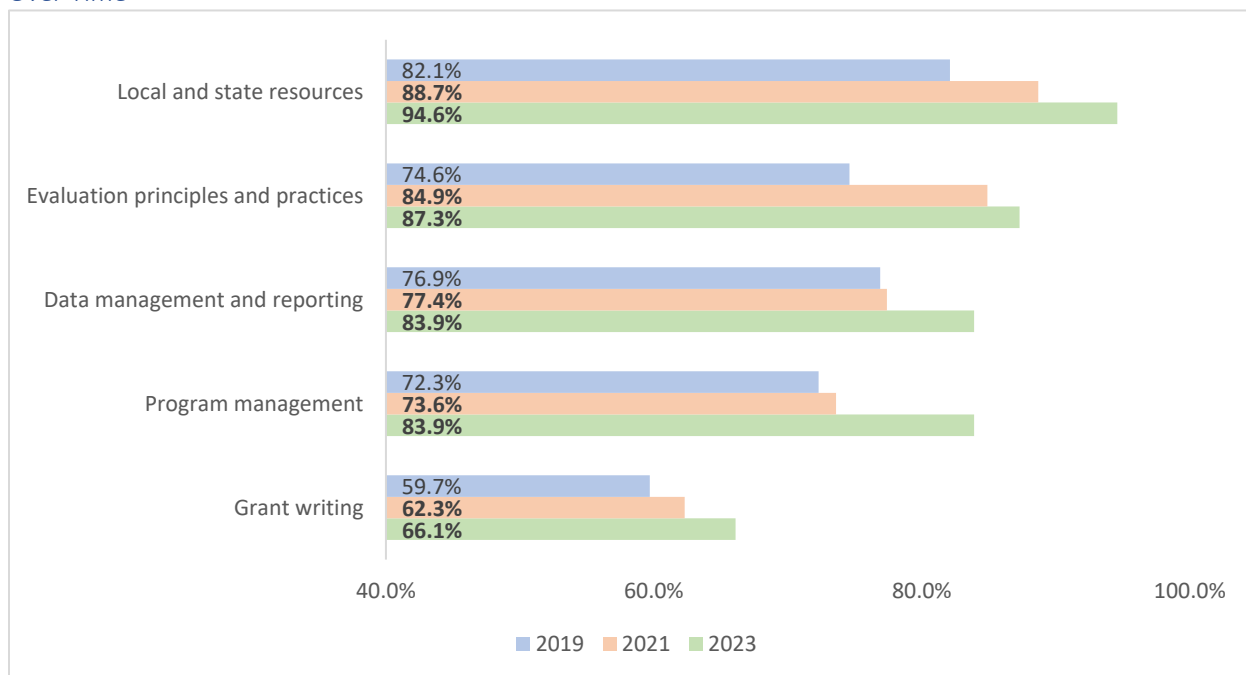


Table 3.5.6– Knowledge: Program Sustainability Subjects – PRC Over Time

Variable (Knowledge is “About the same as others” or better)	2019	2021	2023	P-Value
Local and state resources	82.1%	88.7%	94.6%	0.100
Evaluation principles and practices	74.6%	84.9%	87.3%	0.153
Data management and reporting	76.9%	77.4%	83.9%	0.584
Program management	72.3%	73.6%	83.9%	0.273
Grant writing	59.7%	62.3%	66.1%	0.767

### 5b. Skills

Non-PRC and PRC respondents were asked about their level of skill in a variety of public health topics. Statistically significant differences were found between the amount of non-PRC and PRC respondents who believe their skill is at least about the same as others in working with youth (69.2% vs 92.9%,  $p < 0.05$ ) and coalition building (69.4% vs 91.1%,  $p < 0.05$ ).

Figure 3.5.7 – Skills (“About the same as others” or better)

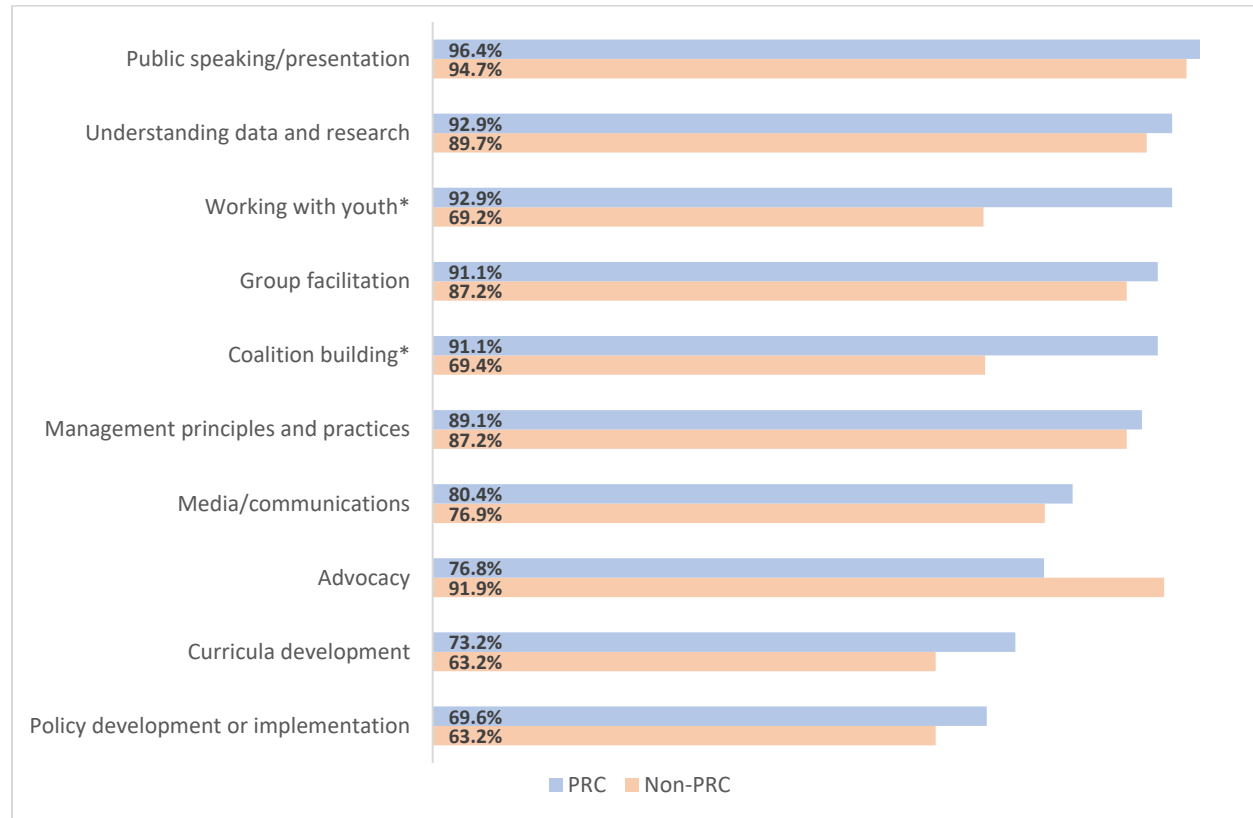


Table 3.5.7 – Skills by PRC Employment Status

Variable (Skill is “About the same as others” or better)	Overall	Non-PRC	PRC	P-Value
Public speaking/presentation	95.7%	94.7%	96.4%	0.690
Understanding data and research	91.6%	89.7%	92.9%	0.591
Working with youth	83.2%	69.2%	92.9%	<b>0.002*</b>
Group facilitation	89.5%	87.2%	91.1%	0.543
Coalition building	82.6%	69.4%	91.1%	<b>0.008*</b>
Management principles and practices	88.3%	87.2%	89.1%	0.776
Media/communications	78.9%	76.9%	80.4%	0.686
Advocacy	82.8%	91.9%	76.8%	0.059
Curricula development	69.1%	63.2%	73.2%	0.300
Policy development or implementation	67.0%	63.2%	69.6%	0.512
<b>* Considered statistically significant with 95% confidence interval</b>				

The skill that showed the highest increase in PRC workers' knowledge over time was coalition building, increasing from 76.1% in 2019 to 91.1% in 2023 (15.0% increase). The smallest changes between 2019 and 2023 were in policy development or implementation and public speaking or presentations (both 0.9% increases). The changes across years were not statistically significant.

Figure 3.5.8 – Skills (“About the same as others” or better) – PRC Over Time

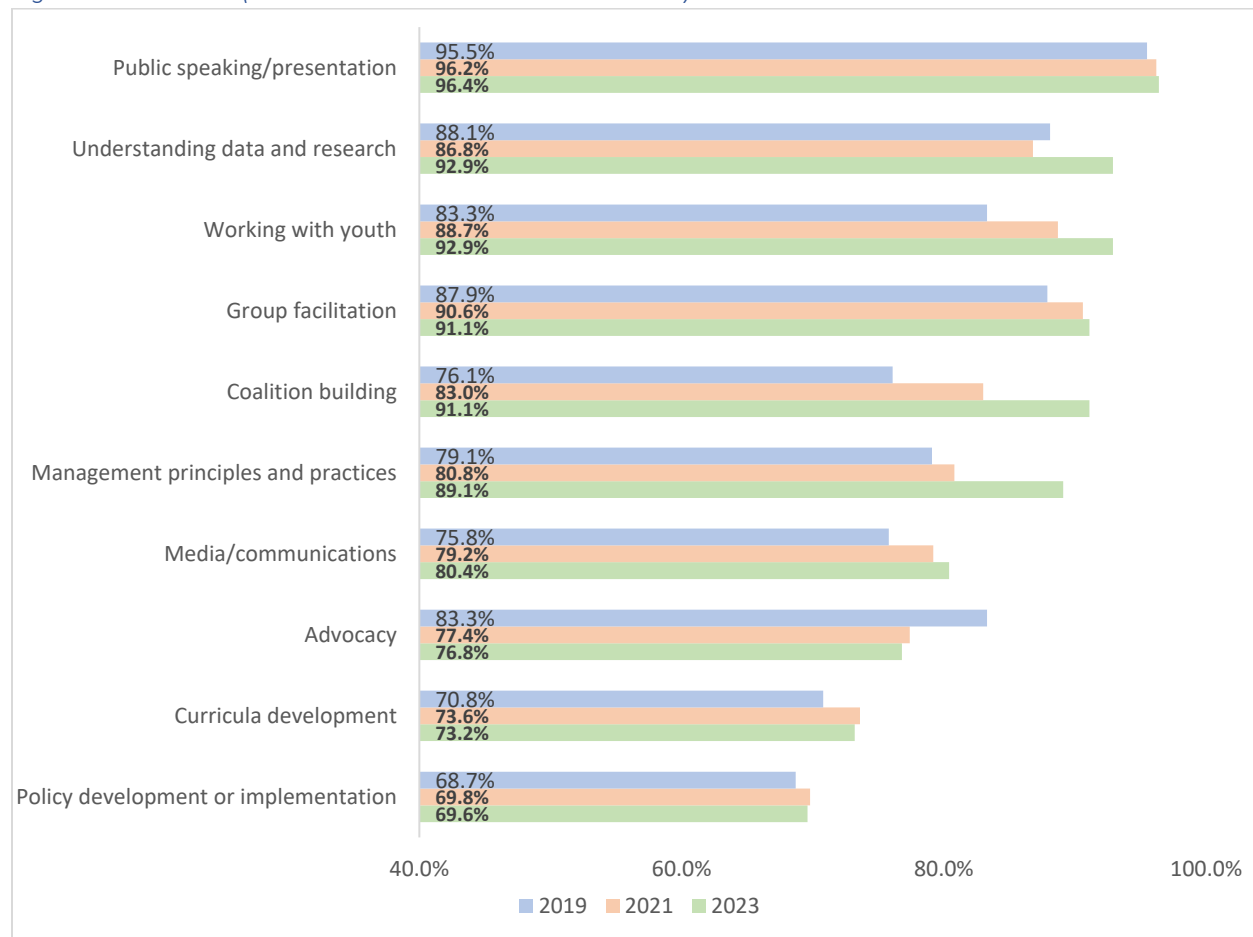


Table 3.5.8 – Skills by PRC Employment Status – PRC Over Time

Variable (Skill is “About the same as others” or better)	2019	2021	2023	P-Value
Public speaking/presentation	95.5%	96.2%	96.4%	0.964
Understanding data and research	88.1%	86.8%	92.9%	0.552
Working with youth	83.3%	88.7%	92.9%	0.268
Group facilitation	87.9%	90.6%	91.1%	0.821
Coalition building	76.1%	83.0%	91.1%	0.090
Management principles and practices	79.1%	80.8%	89.1%	0.314
Media/communications	75.8%	79.2%	80.4%	0.811
Advocacy	83.3%	77.4%	76.8%	0.608
Curricula development	70.8%	73.6%	73.2%	0.931
Policy development or implementation	68.7%	69.8%	69.6%	0.989
<i>*Considered statistically significant with 95% confidence interval</i>				

### 5c. Areas of Support for Professional Development

Information about actual certifications and trainings respondents have received are in Appendix C for reference. Respondents were asked what would make them more effective as a member of the substance use prevention workforce. PRCs most commonly answered they would be more effective with training or education (25.0%) and program funding (17.9%). Non-PRC respondents most commonly answered they would be more effective with training and education (23.1%), collaboration, networking and partnerships (20.5%), and more time (20.5%). Statistical testing could not rule out random chance as the reason for the differences between the two groups.

Figure 3.5.9 – “What Would Make You More Effective” By PRC Status

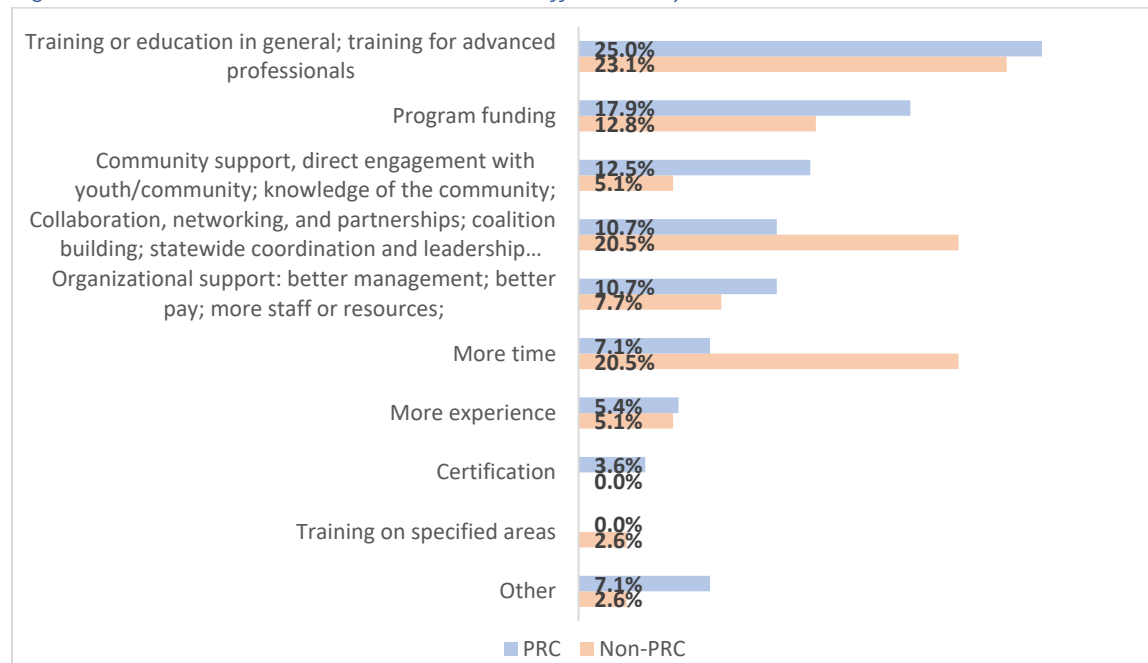


Table 3.5.9 – “What Would Make You More Effective” By PRC Status

Variable	Overall	Non-PRC	PRC
Training or education in general; training for advanced professionals	24.2%	23.1%	25.0%
Program funding	15.8%	12.8%	17.9%
Community support; direct engagement with youth/community; knowledge of the community	9.5%	7.7%	10.7%
Collaboration, networking, and partnerships; coalition building, statewide coordination and leadership among STRC and PRCs	14.7%	20.5%	10.7%
Organizational support; better management; better pay; more staff or resources	9.5%	7.7%	10.7%
More time	12.6%	20.5%	7.1%
More experience	5.3%	5.1%	5.4%
Certification	2.1%	0.0%	3.6%
Training on specified areas	1.1%	2.6%	0.0%
Other	5.3%	2.6%	7.1%

The largest change in how Prevention Resource Center respondents answered what would make them a more effective prevention worker was organizational support, better management, better pay, or more staff or resources. The percentage dropped from 28.3% in 2021 to 10.7% in 2023. The second largest change was in PRC workers who selected program funding as the tool that would make them more effective. Only 5.7% of PRC workers said more funding would help them be more effective in 2021 compared to 17.9% in 2023.

Figure 3.5.10 – “What Would Make You More Effective” – PRC Over Time

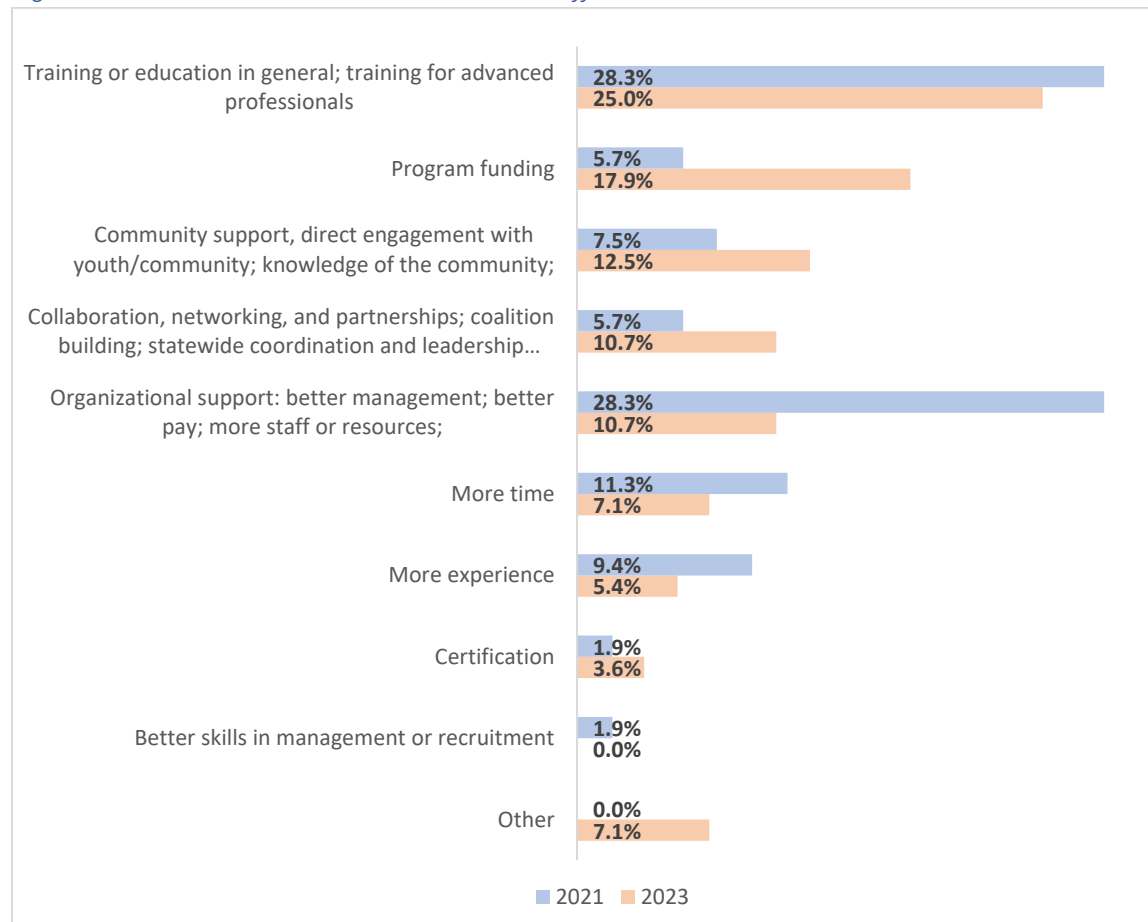


Table 3.5.10 – “What Would Make You More Effective” - PRC Over Time

Variable	2021	2023
Training or education in general; training for advanced professionals	28.3%	25.0%
Program funding	5.7%	17.9%
Community support; direct engagement with youth/community; knowledge of the community	7.5%	12.5%
Collaboration, networking, and partnerships; coalition building, statewide coordination and leadership among STRC and PRCs	5.7%	10.7%
Organizational support; better management; better pay; more staff or resources	28.3%	10.7%
More time	11.3%	7.1%



<b>More experience</b>	9.4%	5.4%
<b>Certification</b>	1.9%	3.6%
<b>Better skills in management or recruitment</b>	1.9%	0.0%
<b>Other</b>	0.0%	7.1%

Prevention workers were also asked what supports and opportunities would be helpful to enhance their knowledge. The most popular support request was trainings, workshops or conferences (36.5%). PRC workers were more likely to select this option than their non-PRC counterparts (41.0% vs 26.8%, respectively). The largest difference between the two groups was that 19.6% of PRC workers requested advanced trainings for professionals whereas none of the non-PRC prevention workers requested this. The least requested supports among the groups were more time on the job to build skills (2.1%) and more and longer trainings that are STRC/PRC-specific (2.1%).

*Figure 3.5.11 – “What Opportunities or Supports Would be Helpful” – By PRC Status*

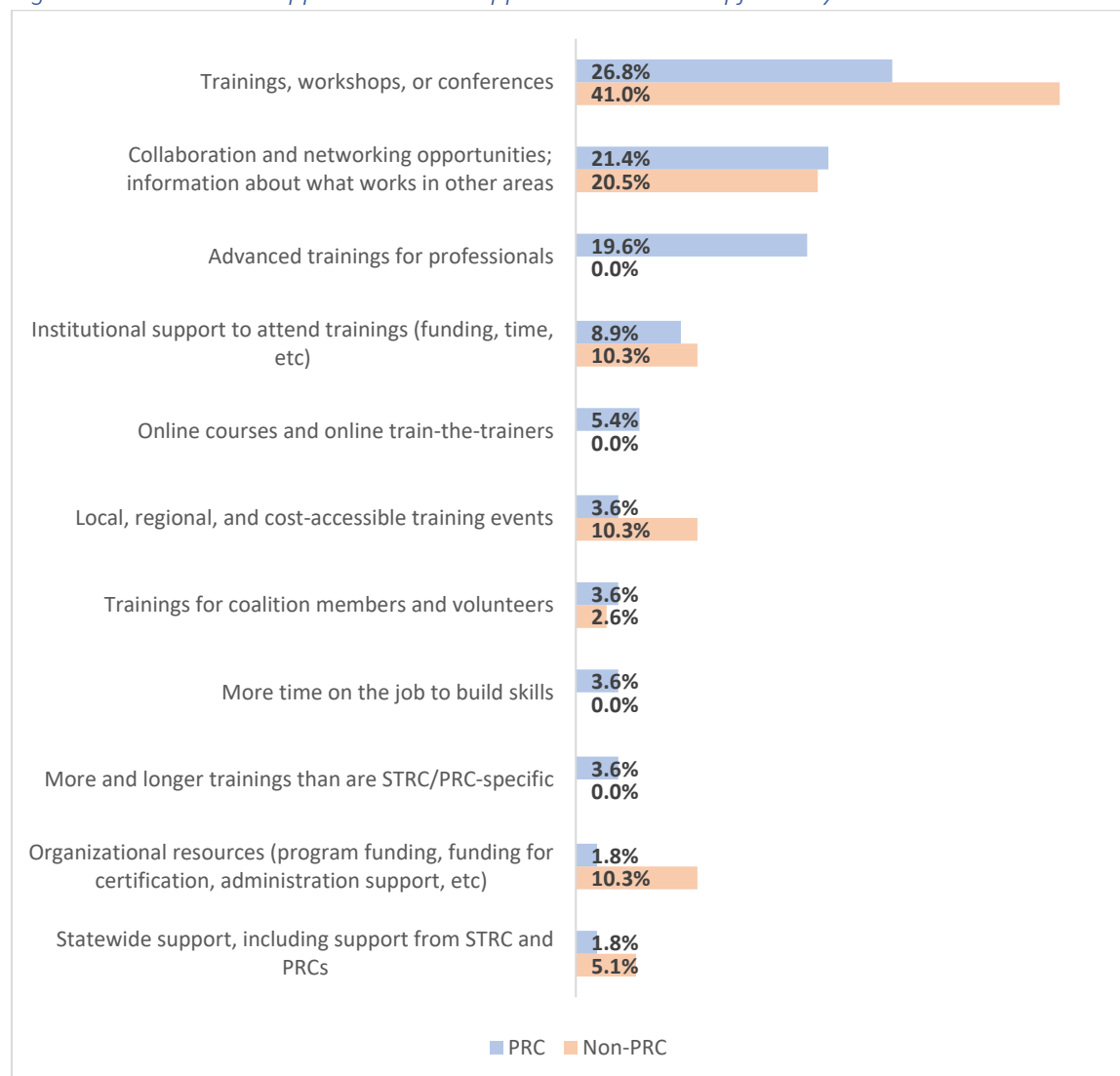


Table 3.5.11 – “What Opportunities or Supports Would be Helpful” – By PRC Status

Variable	Overall	Non-PRC	PRC
<b>Trainings, workshops, or conferences</b>	32.6%	41.0%	26.8%
<b>Collaboration and networking opportunities; information about what works in other areas</b>	21.1%	20.5%	21.4%
<b>Advanced trainings for professionals</b>	0.0%	19.6%	11.6%
<b>Institutional support to attend trainings (funding, time, etc)</b>	9.5%	10.3%	8.9%
<b>Online courses and online train-the-trainers</b>	3.2%	0.0%	5.4%
<b>Local, regional, and cost-accessible training events</b>	6.3%	10.3%	3.6%
<b>Trainings for coalition members and volunteers</b>	3.2%	2.6%	3.6%
<b>More time on the job to build skills</b>	2.1%	0.0%	3.6%
<b>More and longer trainings than are STRC/PRC specific</b>	2.1%	3.6%	2.1%
<b>Organizational resources (program funding, funding for certification, administration support, etc)</b>	5.3%	10.3%	1.8%
<b>Statewide support, including support from STRC and PRCs</b>	3.2%	5.1%	1.8%

In 2023, 9.7% less PRC workers said that organizational resources would be helpful to enhance their knowledge in substance use prevention than in 2021 (1.8% vs 11.5%, respectively). In addition, there was a 9.7% decrease in PRC workers that said trainings, workshops, or conferences would be helpful in 2023 than in 2021 (36.5% vs 26.8%, respectively). However, there was an increase in the percentage of PRC workers who said that advanced training for professionals (19.6%) and institutional support to attend trainings (8.9%) would be helpful for increasing their knowledge in 2023.

Table 3.5.12 – “What Opportunities or Supports Would be Helpful” – PRC Over Time

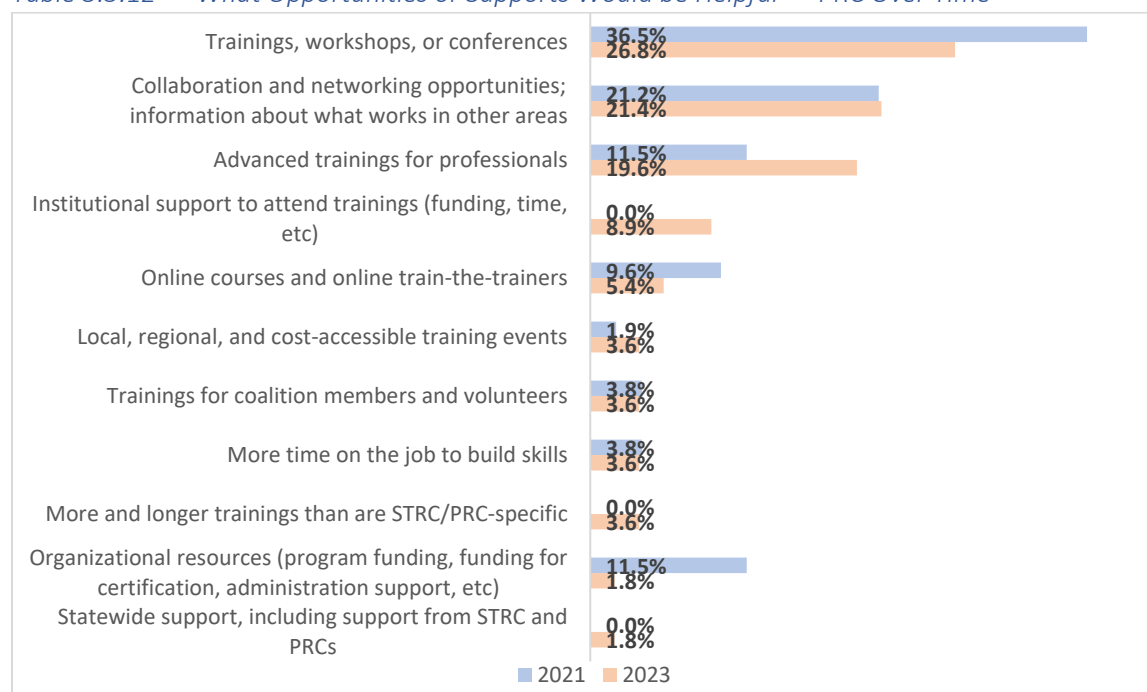


Table 3.5.12 – “What Opportunities or Supports Would be Helpful” – PRC Over Time

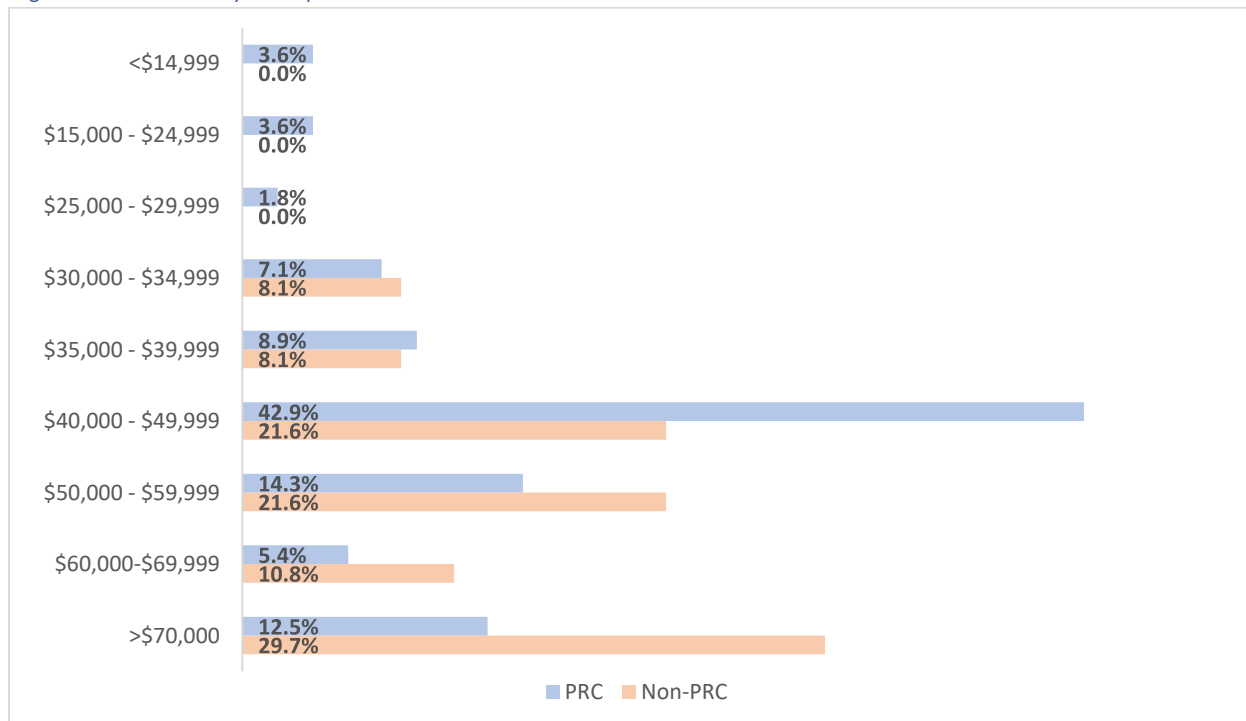
Variable	2021	2023
<b>Trainings, workshops, or conferences</b>	36.5%	26.8%
<b>Collaboration and networking opportunities; information about what works in other areas</b>	21.2%	21.4%
<b>Advanced trainings for professionals</b>	11.5%	19.6%
<b>Institutional support to attend trainings (funding, time, etc)</b>	0.0%	8.9%
<b>Online courses and online train-the-trainers</b>	9.6%	5.4%
<b>Local, regional, and cost-accessible training events</b>	1.9%	3.6%
<b>Trainings for coalition members and volunteers</b>	3.8%	3.6%
<b>More time on the job to build skills</b>	3.8%	3.6%
<b>More and longer trainings than are STRC/PRC specific</b>	0.0%	3.6%
<b>Organizational resources (program funding, funding for certification, administration support, etc)</b>	11.5%	1.8%
<b>Statewide support, including support from STRC and PRCs</b>	0.0%	1.8%

## 6. EMPLOYMENT PAY, BENEFITS, AND SATISFACTION

### 6a. Employment Pay

Salary differed greatly between PRC and non-PRC substance use prevention workers. Approximately 9% of PRC respondents indicated a salary lower than \$30,000 whereas the lowest any non-PRC respondent was paid was between \$30,000 and \$34,999.

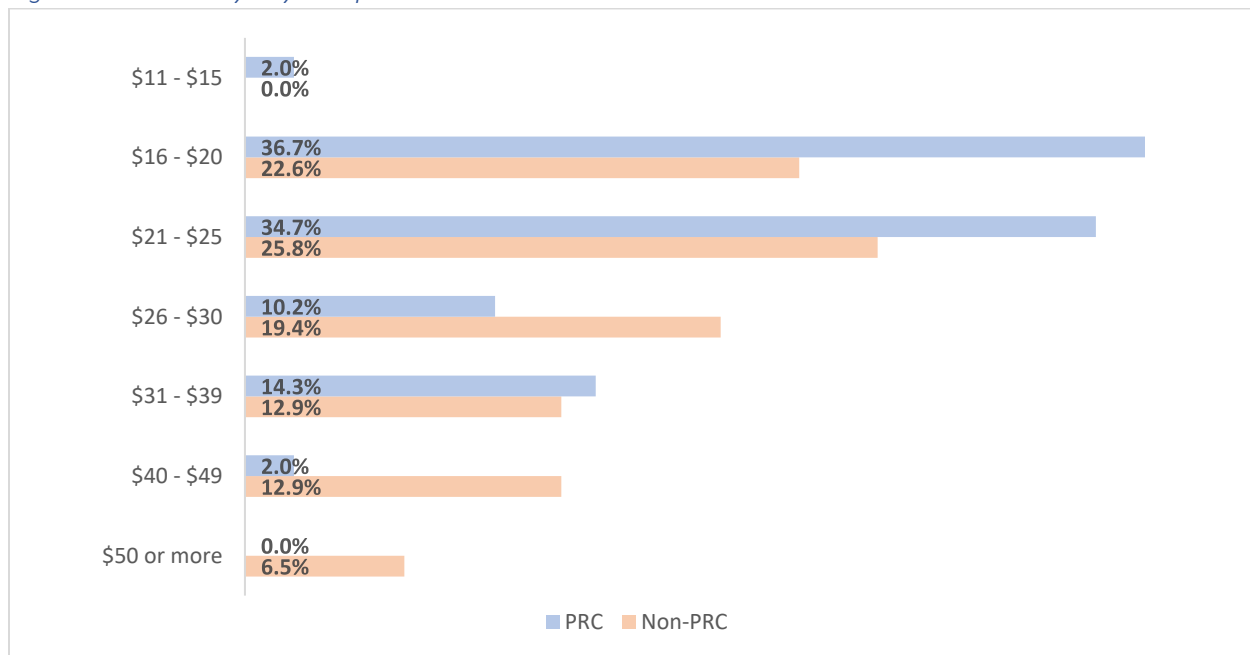
Figure 3.6.1 – Salary Comparison: PRC vs Non-PRC



A majority of PRC respondents indicate being paid between \$40,000 and \$49,000 per year whereas the majority of non-PRC respondents were being paid over \$70,000. There was a higher proportion of non-PRC respondents than PRC respondents in all salary categories exceeding \$50,000 (\$50,000 - \$59,999, \$60,000 - \$69,999, and >\$70,000). Analysis reveals non-PRC respondents earned income at \$50,000 or more at a higher rate than non-PRC respondents ( $p < 0.05$ ).

When asked for their hourly rate, non-PRC respondents were more likely to be in higher pay categories than their PRC counterparts. Only 26.5% of PRC respondents indicated pay greater than or equal to \$26 per hour while 51.6% of non-PRC respondents fit into this category ( $p < 0.05$ ).

*Figure 3.6.2 - Hourly Pay Comparison: PRC vs Non-PRC*



The median salary of non-PRC respondents falls between \$50,000 and \$59,999 whereas the median salary of PRC respondents falls between \$40,000 and \$49,999. For comparison, the median pay of a Community and Social Service Specialist in Missouri is \$47,290 and the median pay of a Health Education Specialist is \$59,990 in Missouri.

*Table 3.6.1 – Missouri Median Pay by Occupation*

Job Title	Median Salary	Median Hourly
Rehabilitation Counselors	\$39,990	\$19.23
Community and Social Service Specialists	\$47,290	\$22.74
PRC Respondents (approximated median range)	~\$40,000 - \$49,999	~\$21 - \$25
Substance Abuse, Behavioral Disorder, and Mental Health Counselors	\$49,710	\$23.90
Non-PRC Respondents (approximated median range)	~\$50,000 - \$59,999	~\$26 - \$30
Child, Family, and School Social Workers	\$50,820	\$24.43
Mental Health and Substance Abuse Social Workers	\$51,240	\$24.63
Marriage and Family Therapists	\$56,570	\$27.20

Health Education Specialists	\$59,990	\$28.84
Educational, Guidance, and Career Counselors and Advisors	\$60,140	\$28.92
Middle School Teachers, Except Special and Technical Education	\$61,810	N/A
Secondary School Teachers, Except Special and Technical Education	\$62,360	N/A

Table 3.6.2 – Salary Comparison: PRC vs Non-PRC

Variable	Overall	Non-PRC	PRC	P Value
≥ \$50,000/year salary	44.1%	62.2%	32.1%	0.004*
≥ \$26/hour pay	36.3%	51.6%	26.5%	0.023*
*Considered statistically significant with 95% confidence interval				

Figure 3.6.3 – Salary Comparison: PRC Over Time

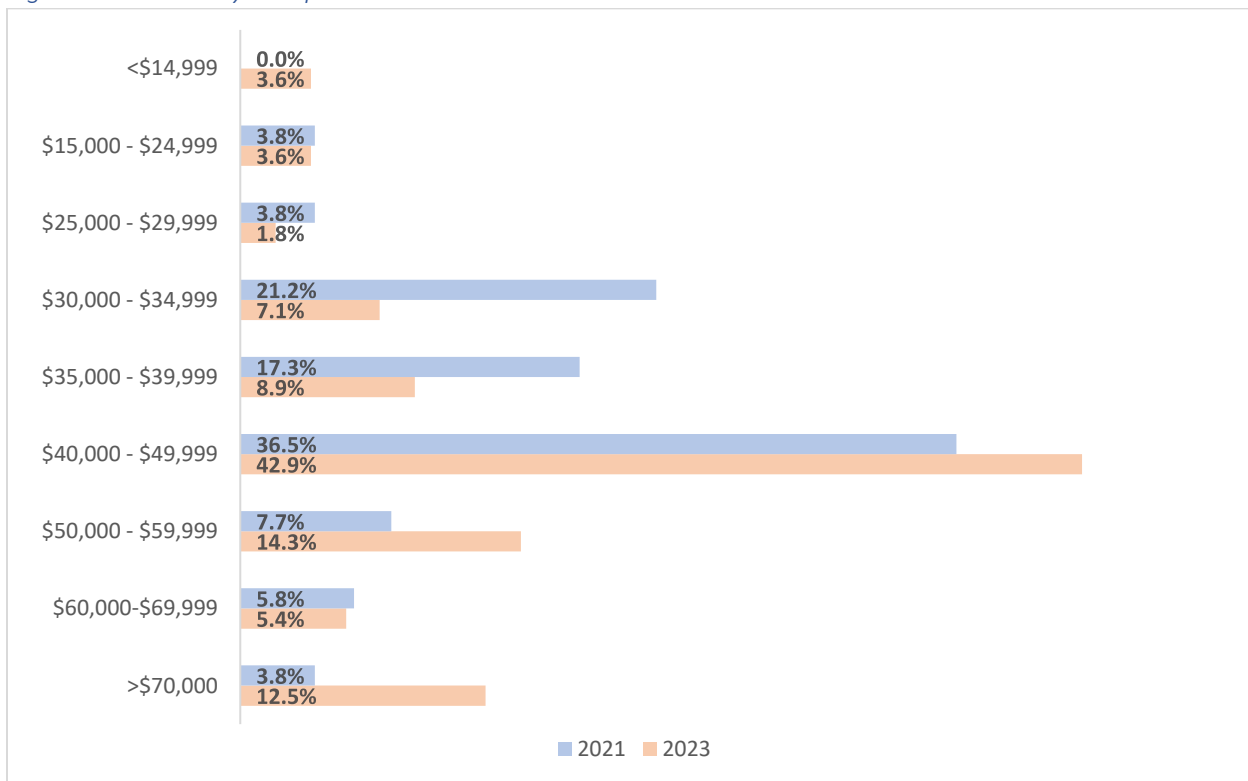


Figure 3.6.4 – Hourly Comparison: PRC Over Time

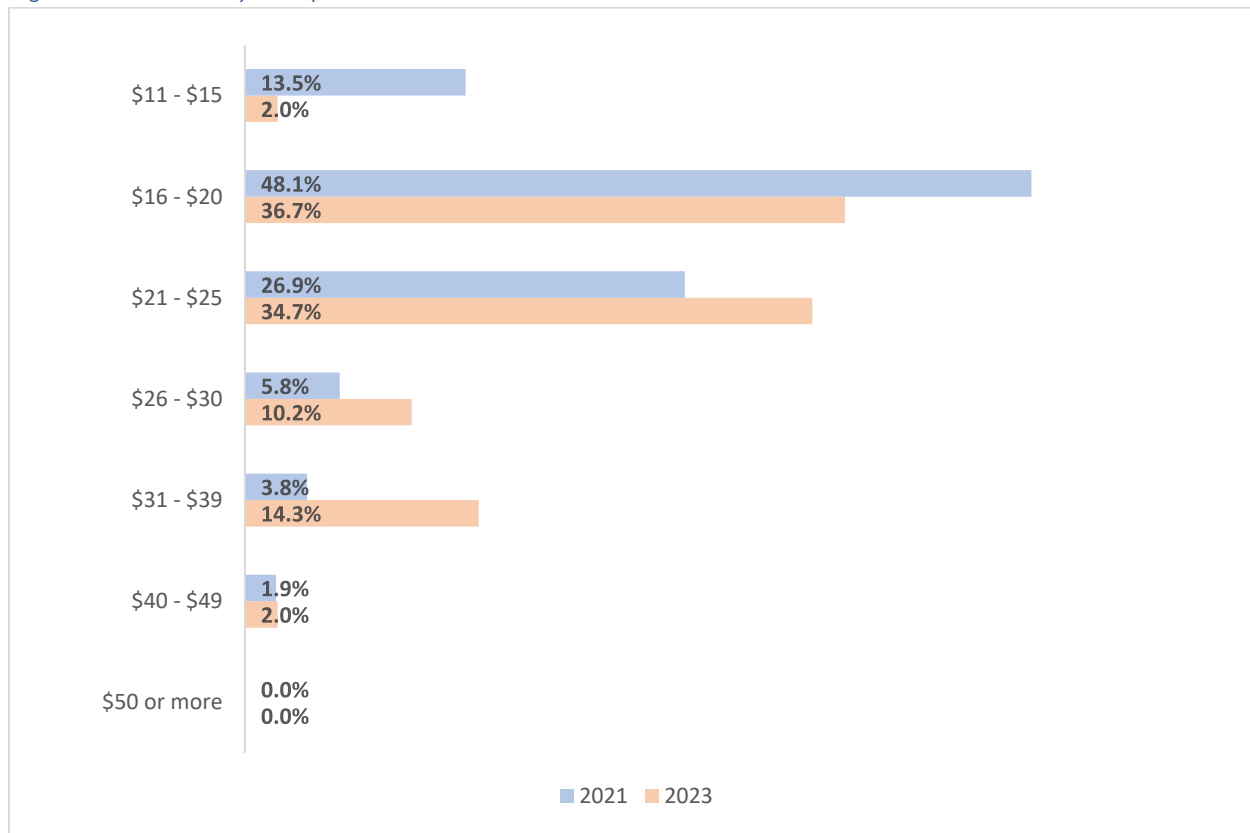


Table 3.6.3 –Pay Comparison: PRC Over Time

Variable	2021	2023	P Value
≥ \$50,000/year salary	17.3%	32.1%	0.075*
≥ \$26/hour pay	11.5%	26.5%	<b>0.054*</b>
*Considered statistically significant with 95% confidence interval			

### 6b. Benefits

Most PRC (70.7%) and non-PRC (52.6%) respondents indicate that their employer provides full health insurance. While the differences cannot be ruled out due to random chance, a simple glance shows higher percentages of PRC respondents have full health compared to their non-PRC counterparts (89.7% vs 78.9,  $p = 0.146$ ). The same could be said about dental insurance. Only half (50.0%) of PRC respondents and 39.5% non-PRC respondents indicated being fully covered by dental insurance ( $p = 0.175$ ).



Figure 3.6.5 - Health Insurance by PRC Status

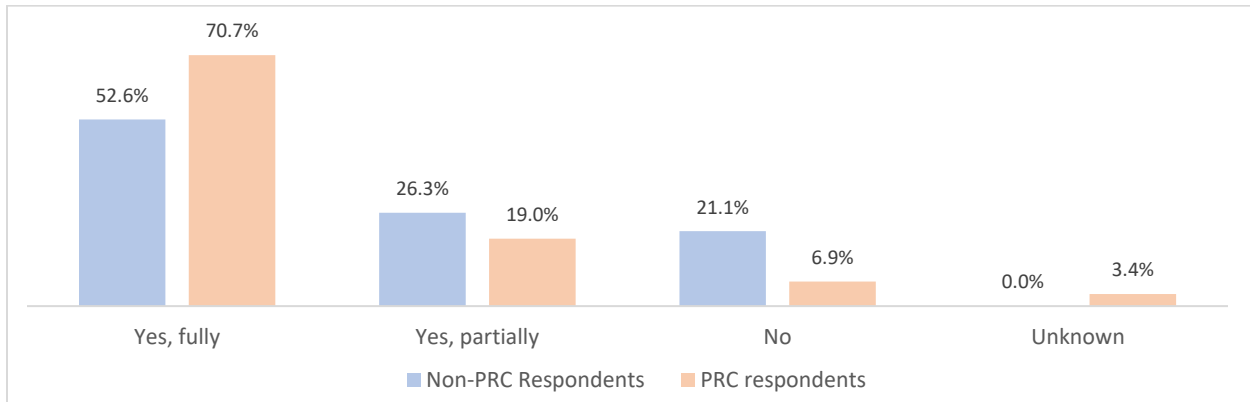
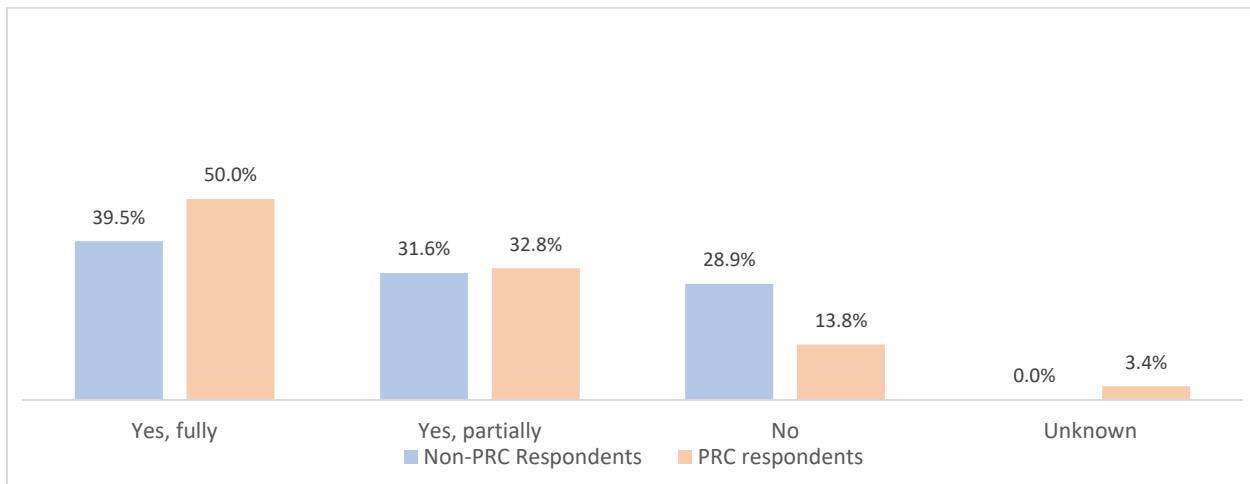


Figure 3.6.6 – Dental Insurance by PRC Status



A higher proportion of non-PRC respondents said that their employer offers paid sick leave (86.8%) than their PRC peers (74.1%,  $p < 0.05$ ). PRC employees and non-PRC employees appear to be receiving paid vacation at similar rates and the differences cannot be ruled out as random chance (92.1% vs 84.5%,  $p = 0.90$ ).

Figure 3.6.7 – Paid Sick Leave by PRC Status

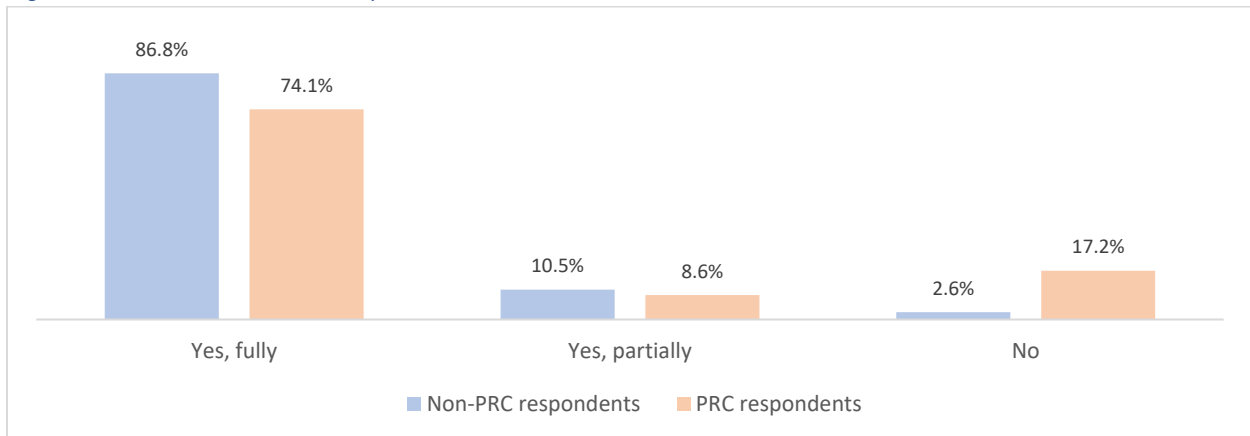
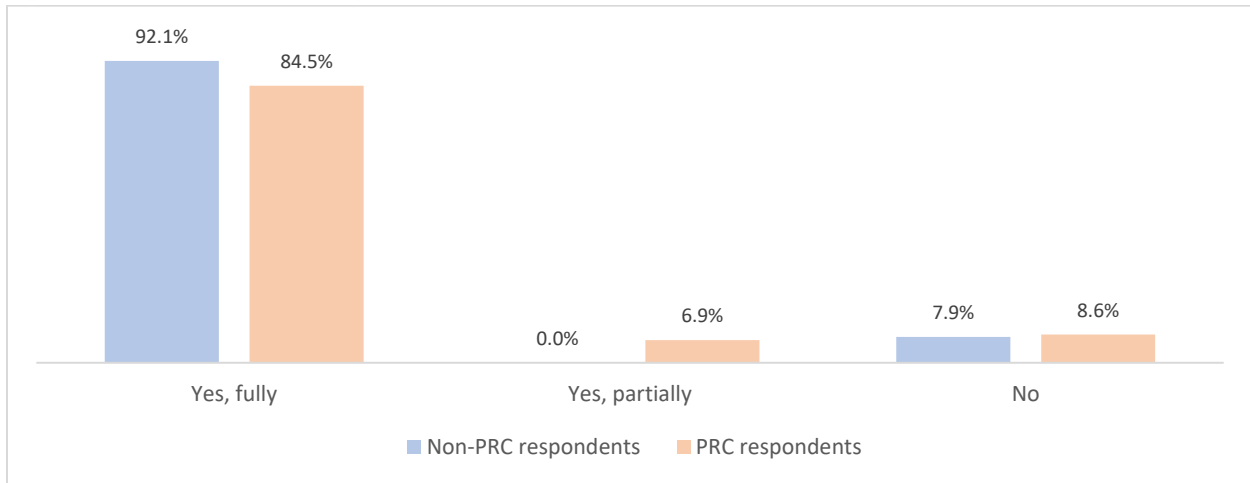


Figure 3.6.8 – Paid Vacation by PRC Status



There was no statistically significant difference the percentages of non-PRC respondents and PRC respondents receiving paid holiday from their employers ( $p = 0.375$ ) or other paid leave ( $p = 0.249$ ).

Figure 3.6.9 – Paid Holidays by PRC Status

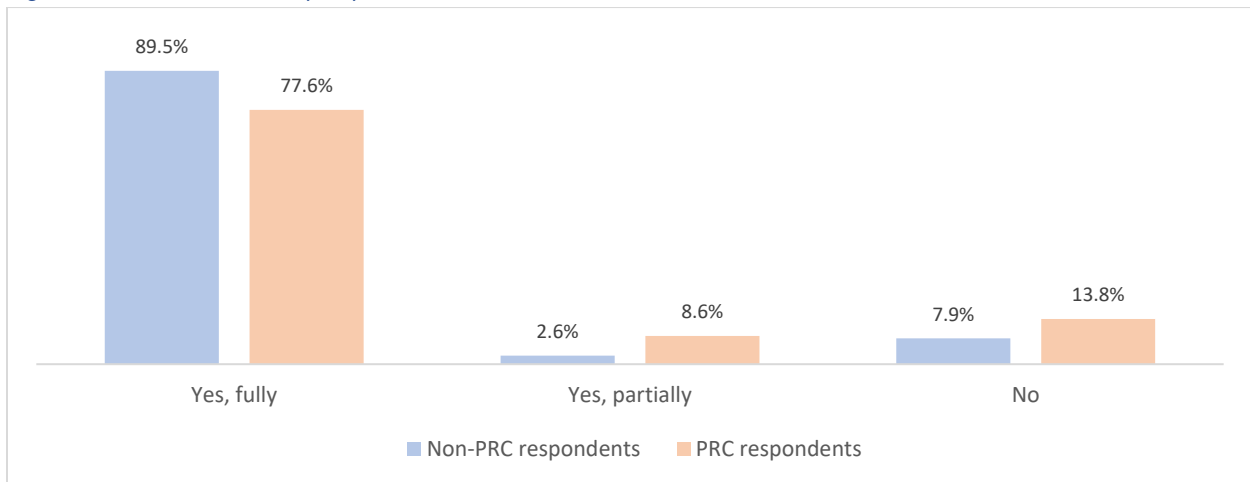
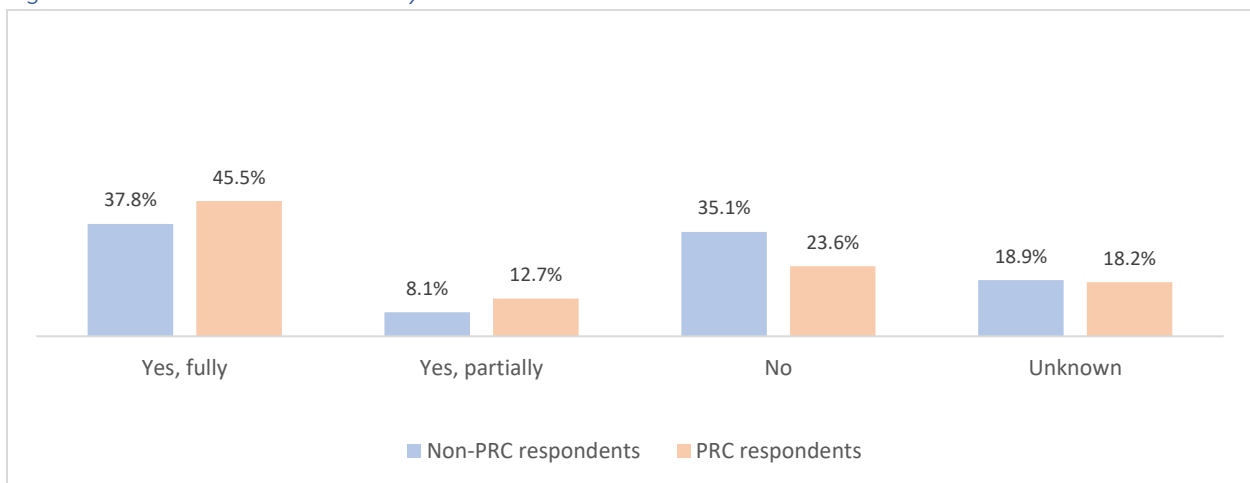


Figure 3.6.10 – Other Paid Leave by PRC Status





The percentage of PRC respondents who received retirement contributions from their employer is higher than their non-PRC counterparts (87.9% vs 73.7%,  $p = 0.074$ ).

Figure 3.6.11 – Retirement Contributions by PRC Status

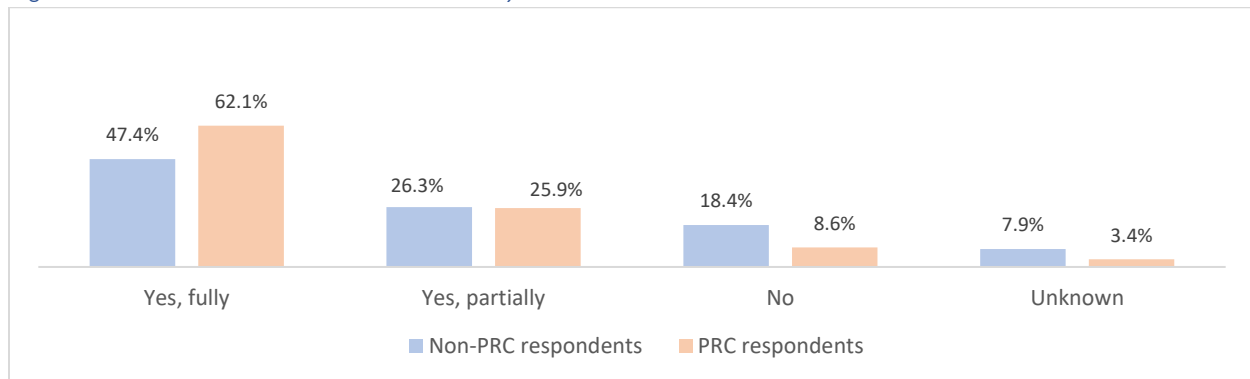


Table 3.6.4 – Benefits Offered Fully or Partially by Employer by PRC Status

Variable (fully or partially offered)	Overall	Non-PRC	PRC	P-Value
Health insurance	85.4%	78.9%	89.7%	0.146
Dental insurance	78.1%	71.1%	82.8%	0.175
Sick leave	88.5%	97.4%	82.8%	<b>0.028*</b>
Paid vacation	91.7%	92.1%	91.4%	0.900
Paid holidays	88.5%	92.1%	86.2%	0.375
Other leave	53.3%	45.9%	58.2%	0.249
Retirement contributions	82.3%	73.7%	87.9%	0.074

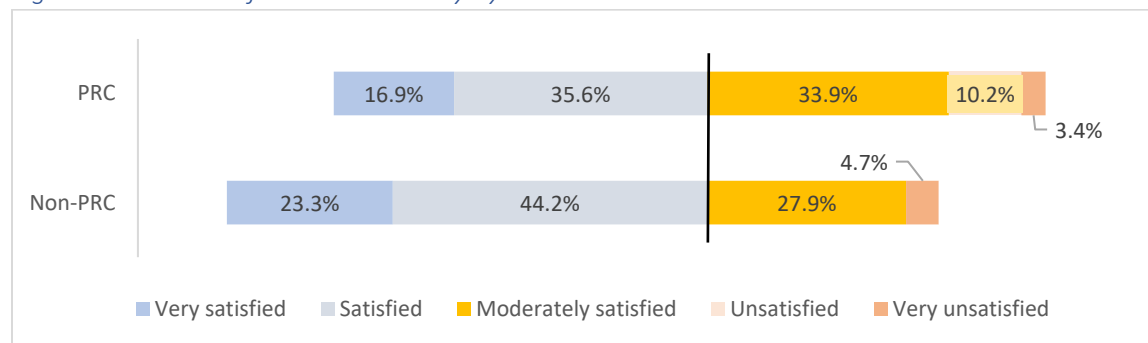
*\*Considered statistically significant with 95% confidence interval*

### 6c. Satisfaction with Current Position

Prevention workers were asked about their satisfaction with various aspects of their job. Overall, participants were most satisfied with the variety and flexibility of work (96.1%), their personal commitment to substance use prevention (93.1%), and the match between their profession and interests (91.1%). Prevention workers were least satisfied about their salary (58.8%) and opportunities for career advancement within their agency (59.4%). PRC workers responded that they were “very satisfied” or “satisfied” with the match between their profession and skills at a higher rate than non-PRC workers (94.8% vs 79.1%,  $p < 0.05$ ).

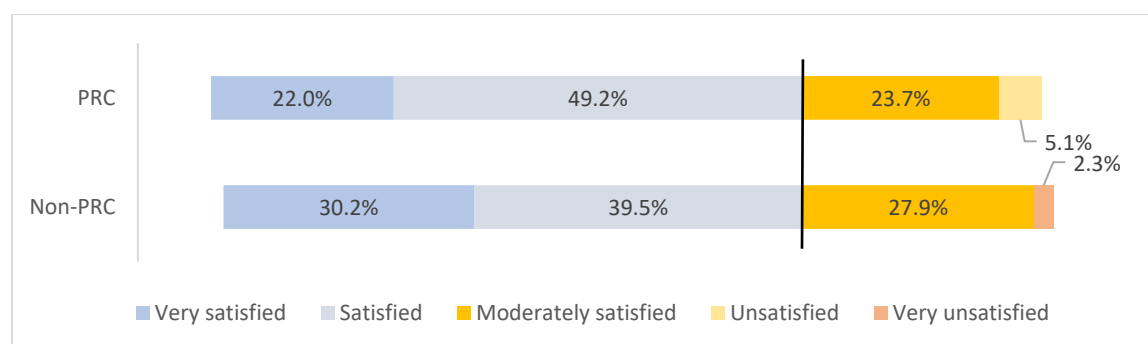
Prevention Resource Center workers were least satisfied with their salary above all other topics in the survey with only 52.5% “very satisfied” or “satisfied”. Additionally, PRC workers were less satisfied with their salary than non-PRC workers (52.5% vs 67.4% respectively). PRC workers also answered that they were “unsatisfied” or “very unsatisfied” with their salary at a higher rate than their non-PRC peers. These differences were not statistically significant.

Figure 3.6.12 – Satisfaction with Salary by PRC Status



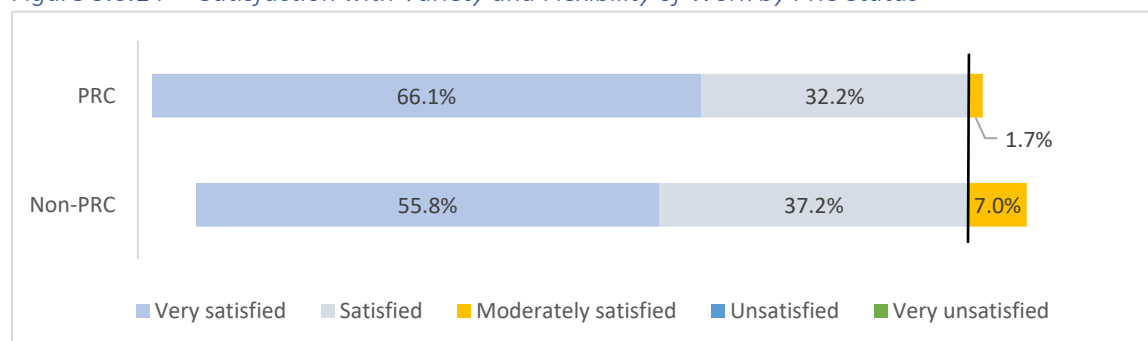
Similar rates of non-PRC and PRC respondents were satisfied with the benefits their organization offers (69.8% vs 71.2%, respectively). A higher percentage of PRC respondents (5.1%) were “very unsatisfied” or “unsatisfied” with their benefits than their non-PRC counterparts (2.3%).

Figure 3.6.13 – Satisfaction with Benefits by PRC Status



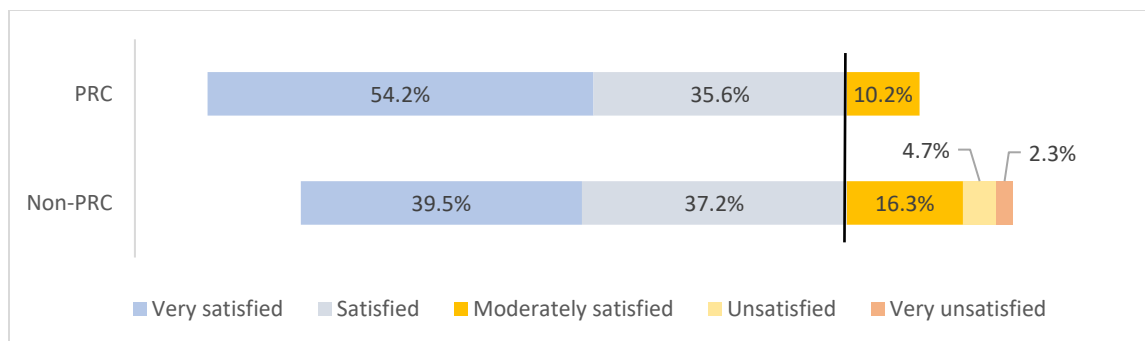
PRC respondents tended report more satisfaction with the variety and flexibility of work than non-PRC respondents though both groups were overwhelmingly satisfied. About 98.3% of PRC respondents and 93.0% of non-PRC respondents answered that they were either “very satisfied” or “satisfied” with the variety and flexibility of work. These differences were not statistically significant.

Figure 3.6.14 – Satisfaction with Variety and Flexibility of Work by PRC Status



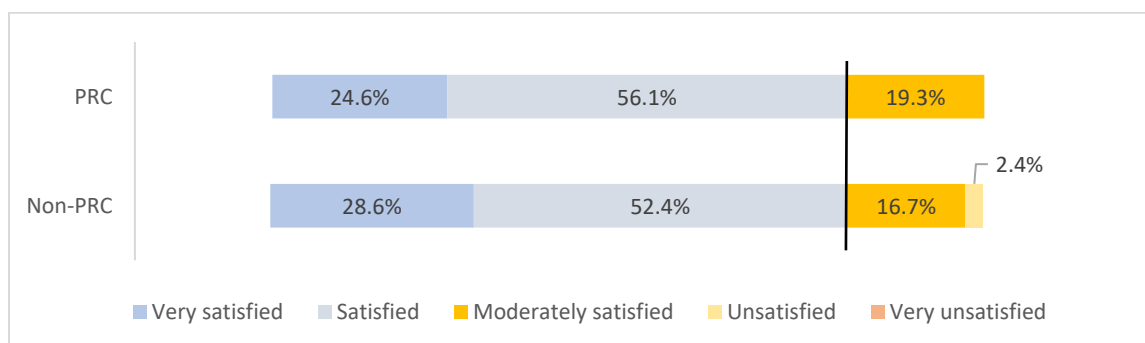
Only 76.7% of non-PRC participants were at least “satisfied” with substance use prevention colleagues within their agency compared to 89.8% of the PRC participants who were “very satisfied” or “satisfied”. These differences are not statistically significant.

Figure 3.6.15 – Satisfaction with Other Colleagues in Agency by PRC Status



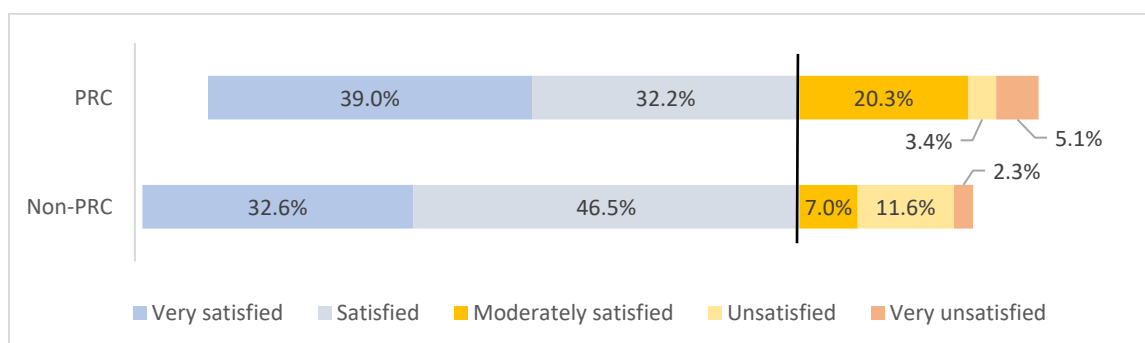
Non-PRC and PRC respondents answered similarly when asked about satisfaction with other colleagues outside their agency (81.0% vs 80.7%). These differences were not statistically significant.

Figure 3.6.16 – Satisfaction with Other Colleagues Outside Agency by PRC Status



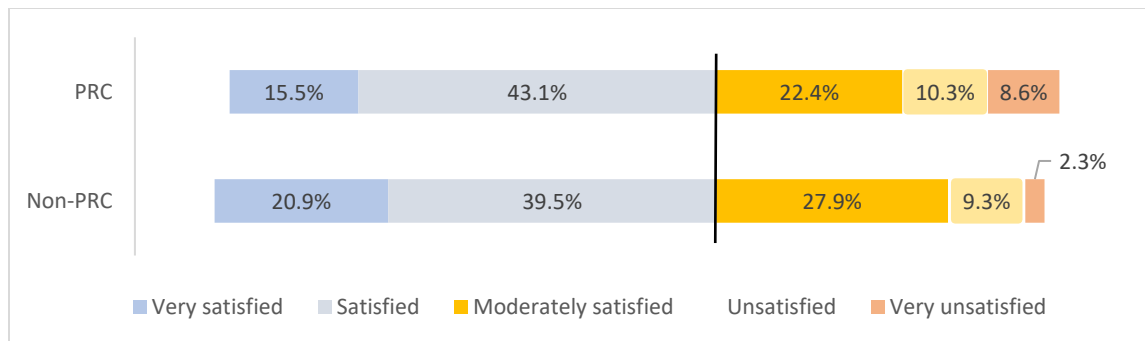
PRC respondents were less satisfied with their organizational structure than non-PRC respondents. Only 71.2% of PRC respondents were “very satisfied” or “satisfied” with the organizational structure of their agency. Nearly 80% of non-PRC respondents, however, answered the same way. There is insufficient evidence to rule out these differences are due to random chance.

Figure 3.6.17 – Satisfaction with Organizational Structure by PRC Status



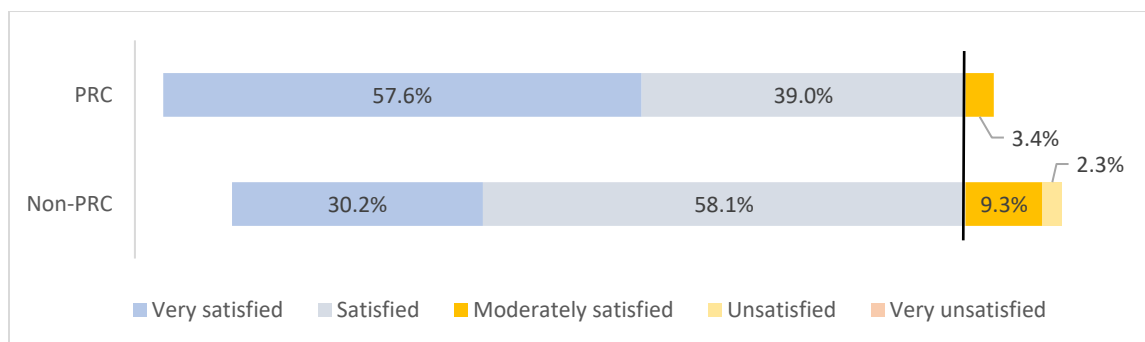
Non-PRC participants were least satisfied with opportunities for career advancement than other topics. Only 60.5% of non-PRC respondents were “very satisfied” or “satisfied” with this aspect. Similarly, 58.6% of PRC workers were at least “satisfied” with career advancement.

Figure 3.6.18 – Satisfaction with Opportunities for Career Advancement by PRC Status



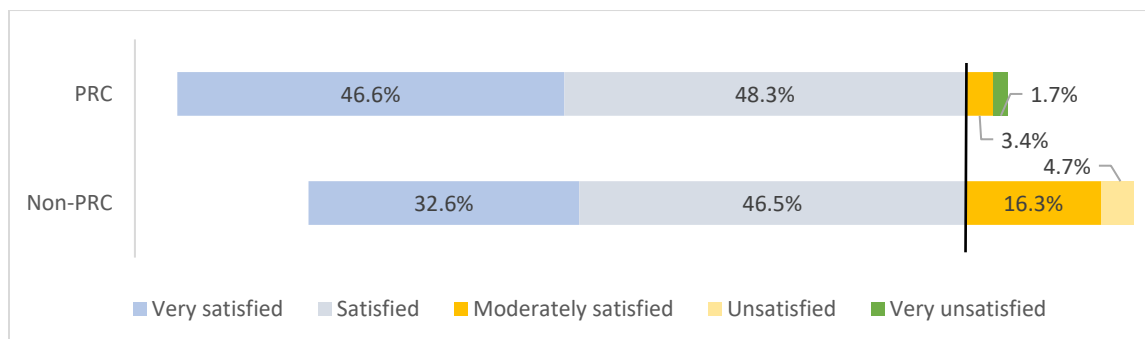
When measuring satisfaction with personal commitment to substance use prevention, 96.6% of PRC workers and 88.4% of non-PRC workers are “very satisfied” or “satisfied” with their personal commitment with substance use prevention. There is not sufficient evidence to prove these differences were not due to random chance.

Figure 3.6.19 – Satisfaction with Personal Commitment with Substance Use Prevention by PRC Status



While 79.1% of non-PRC respondents are “very satisfied” or “satisfied” with the match between their profession and their skills, an overwhelming 96.6% of PRC respondents indicated that they were at least “satisfied” with the match ( $p < 0.05$ ). These differences were statistically significant and can be ruled with 95% certainty as not due to random chance.

Figure 3.6.20 – Satisfaction with Match Between Profession and Skills by PRC Status



About 93.1% of PRC respondents and 88.4% of non-PRC respondents were “very satisfied” or “satisfied” with the match between their profession and their interests. The differences between the two groups were not statistically significant and cannot be ruled out as due to random chance.

Figure 3.6.21 – Satisfaction with Match Between Profession and Interests by PRC Status

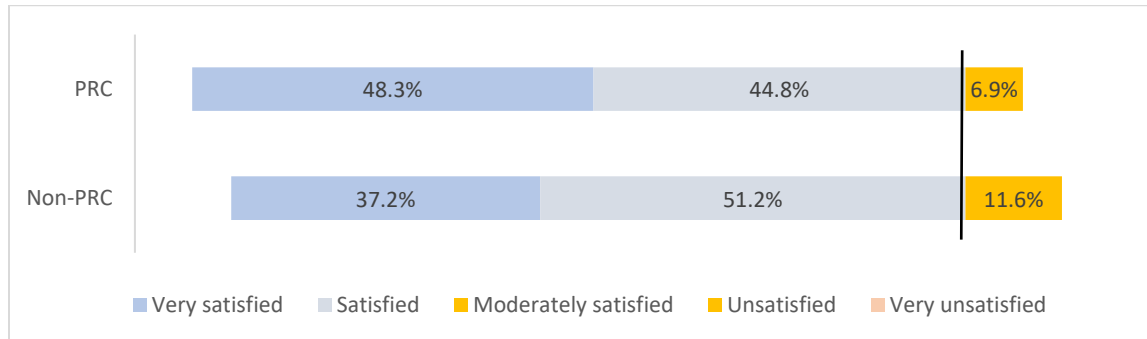


Table 3.6.5 – Satisfaction by PRC Status

Variable (“Very Satisfied” + “Satisfied”)	Overall	Non-PRC	PRC	P-Value
Salary	58.8%	67.4%	52.5%	0.131
Benefits	70.6%	69.8%	71.2%	0.877
Variety and flexibility of work	96.1%	93.0%	98.3%	0.175
Other substance use prevention colleagues in my agency	84.3%	76.7%	89.8%	0.073
Other colleagues in substance use prevention field outside of my agency	80.8%	81.0%	80.7%	0.975
Organizational structure	74.5%	79.1%	71.2%	0.367
Opportunities for career advancement within my agency	59.4%	60.5%	58.6%	0.852
Personal commitment to substance use prevention	93.1%	88.4%	96.6%	0.104
Match between the profession and my skills	88.1%	79.1%	94.8%	<b>0.016*</b>
Match between the profession and my interests	91.1%	88.4%	93.1%	0.409
<i>*Considered statistically significant with 95% confidence interval</i>				

From 2021 to 2023, PRC worker satisfaction in variety and flexibility of work rose from 87.7% to 98.3% ( $p < 0.05$ ). Similarly, there was a larger increase in the percentage of PRC workers who were “very satisfied” or “satisfied” with the organizational structure of their agency from 2021 to 2023 (57.9% to 71.2%,  $p < 0.05$ ). The least amount of change across the years was participant satisfaction in other substance use prevention colleagues within their agency, and participant satisfaction in the match between their profession and their interests.

Figure 3.6.22– Satisfaction – PRC Over Time

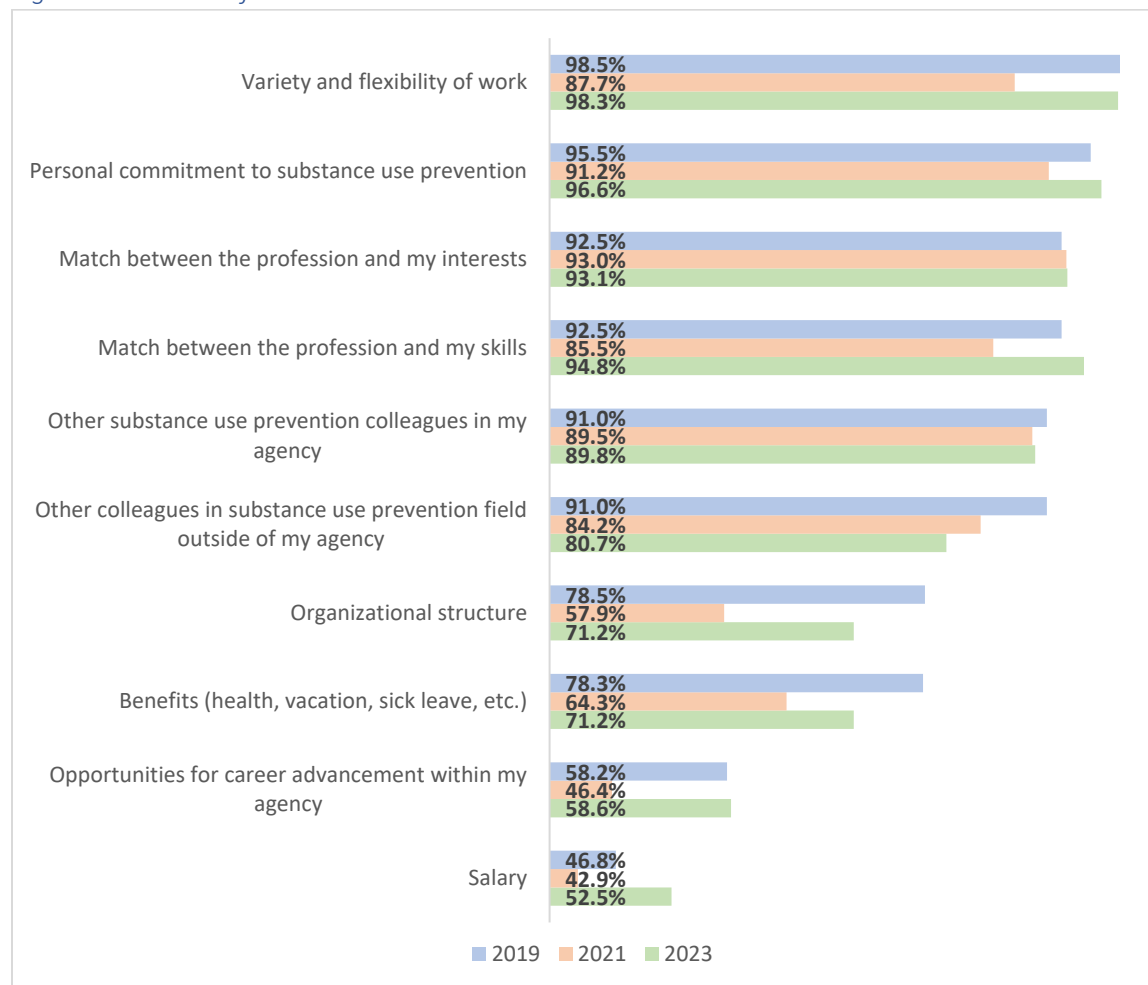


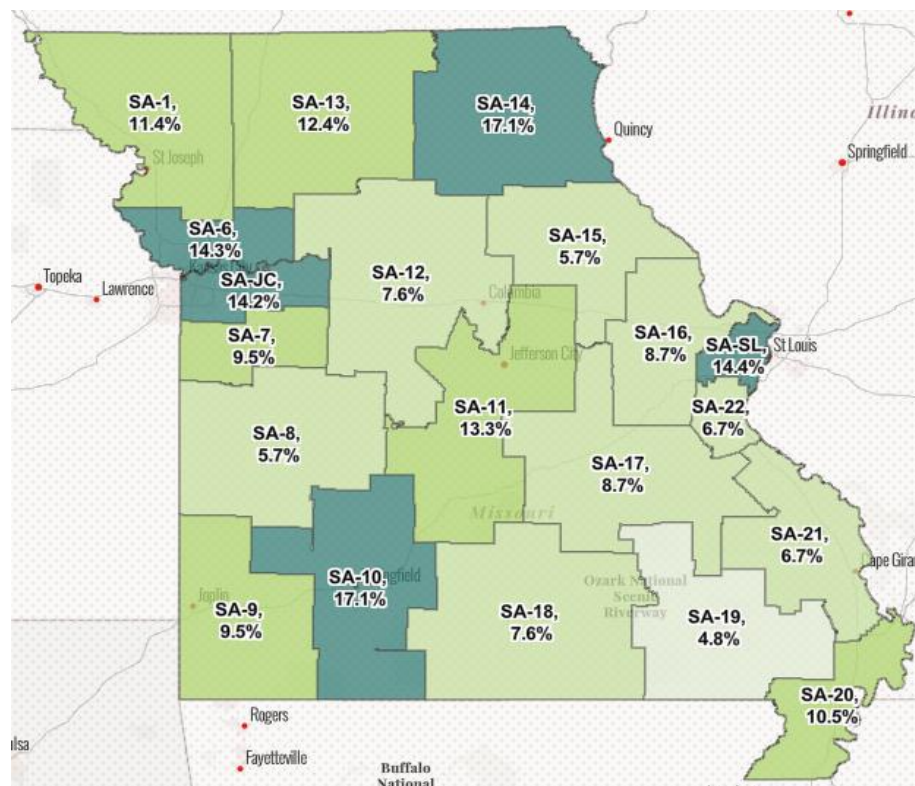
Table 3.6.6 – Satisfaction – PRC Over Time

Variable ("Very satisfied" + "Satisfied")	2019	2021	2023	P-Value
Salary	46.8%	42.9%	52.5%	0.577
Benefits	78.3%	64.3%	71.2%	0.246
Variety and flexibility of work	98.5%	87.7%	98.3%	<b>0.008*</b>
Other substance use prevention colleagues in my agency	91.0%	89.5%	89.8%	0.953
Other colleagues in substance use prevention field outside of my agency	91.0%	84.2%	80.7%	0.245
Organizational structure	78.5%	57.9%	71.2%	<b>0.046*</b>
Opportunities for career advancement within my agency	58.2%	46.4%	58.6%	0.326
Personal commitment to substance use prevention	95.5%	91.2%	96.6%	0.402
Match between the profession and my skills	92.5%	85.5%	94.8%	0.189
Match between the profession and my interests	92.5%	93.0%	93.1%	0.992
<i>*Considered statistically significant with 95% confidence interval</i>				

## Appendix A – Regions

Respondents reported which parts of Missouri they serve in. There are 20 service areas of work across Missouri:

- Service Area 1: Atchison, Nodaway, Worth, Holt, Andrew, Gentry, Buchanan, Clinton, DeKalb
- Service Area 6: Platte, Clay, Ray
- Service Area 7: Cass, Johnson
- Service Area 8: Bates, Henry, Benton, Vernon, Cedar, Saint Clair, Hickory
- Service Area 9: Barton, Jasper, Newton, McDonald, Lawrence, Barry
- Service Area 10: Dade, Polk, Greene, Webster, Christian, Stone, Taney, Dallas
- Service Area 11: Moniteau, Cole, Callaway, Osage, Miller, Pulaski, Laclede, Camden
- Service Area 12: Carroll, Chariton, Randolph, Howard, Boone, Cooper, Pettis, Saline, Morgan
- Service Area 13: Harrison, Mercer, Putnam, Sullivan, Linn, Grundy, Daviess, Caldwell, Livingston
- Service Area 14: Schuyler, Scotland, Clark, Adair, Knox, Lewis, Macon, Shelby, Marion
- Service Area 15: Monroe, Ralls, Pike, Audrain, Montgomery
- Service Area 16: Lincoln, Saint Charles, Warren, Franklin
- Service Area 17: Gasconade, Maries, Phelps, Dent, Crawford, Washington, Saint Francois, Iron
- Service Area 18: Wright, Texas, Shannon, Douglas, Ozark, Howell, Oregon
- Service Area 19: Reynolds, Carter, Ripley, Wayne, Butler, Stoddard
- Service Area 20: Mississippi, New Madrid, Dunklin, Pemiscot
- Service Area 21: Madison, Bollinger, Cape Girardeau, Perry, Sainte Genevieve, Scott
- Service Area 22: Jefferson
- Service Area SL: Saint Louis, Saint Louis City
- Service Area JC: Jackson, Lafayette



## Appendix B – Roles and Tasks

### 1. Frequency of Engaging in Administration Tasks

Participants were asked whether they perform a series of administrative tasks during their typical work day. The most common administrative tasks that respondents perform “almost always” or “often” during their job were staff training and professional development, program management, and resource acquisition. PRC and non-PRC respondents were similar in their responses in this section with insufficient evidence to conclude that the differences between the two groups aren’t due to random chance. However, the difference between the two groups can be considered marginally significant in the staff training and professional development category ( $p = 0.060$ ).

Figure B.1 - Administration – Task Frequency: “Almost always” or “Often”

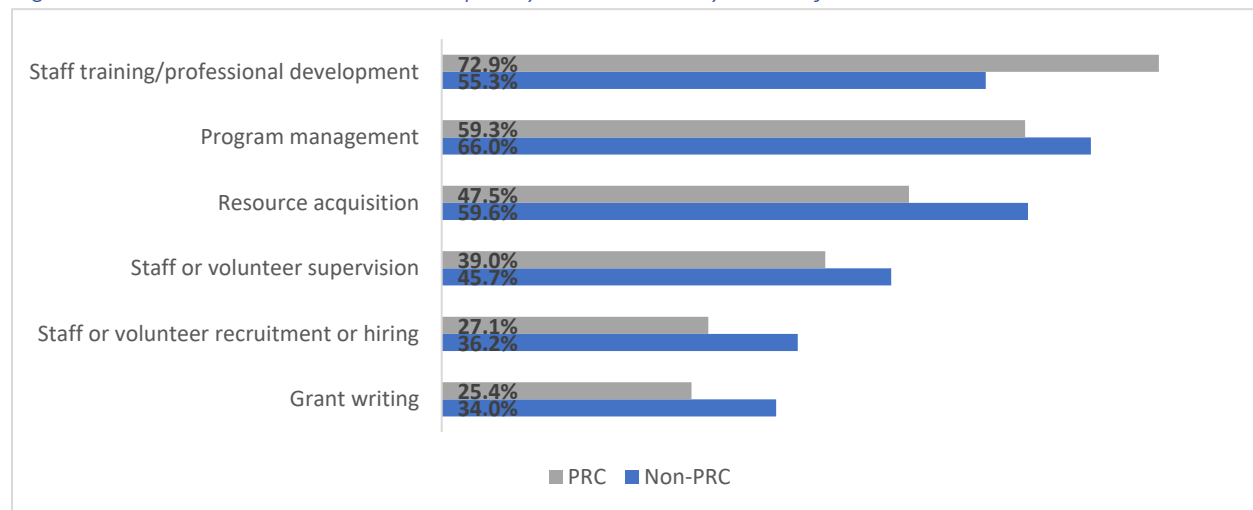


Table B.1 – Administration Task Frequency

ADMINISTRATION TASKS (“Almost Always” or “Often”)	Overall	Non-PRC	PRC	P-Value
Staff training/professional development	65.1%	55.3%	72.9%	0.060
Program management	62.3%	66.0%	59.3%	0.484
Resource Acquisition	52.8%	59.6%	47.5%	0.214
Staff or volunteer supervision	41.9%	45.7%	39.0%	0.492
Staff or volunteer recruitment or hiring	31.1%	36.2%	27.1%	0.317
Grant writing	29.2%	34.0%	25.4%	0.332
<b>*Considered statistically significant with 95% confidence interval</b>				

### 2. Frequency of Engaging in Planning Tasks

The most common planning tasks among the non-PRC and PRC respondents were research on substance use prevention topics, program planning, and outreach to specific populations. Between the two groups, research on substance use prevention topics, program planning, and outreach to specific populations tended to be the tasks most common to respondents “almost always” or “often” in their job. In this category, there were no statistically significant differences between non-PRC and PRC workers’ tasks.



Figure B.2 – Planning – Task Frequency: “Almost Always” or “Often”

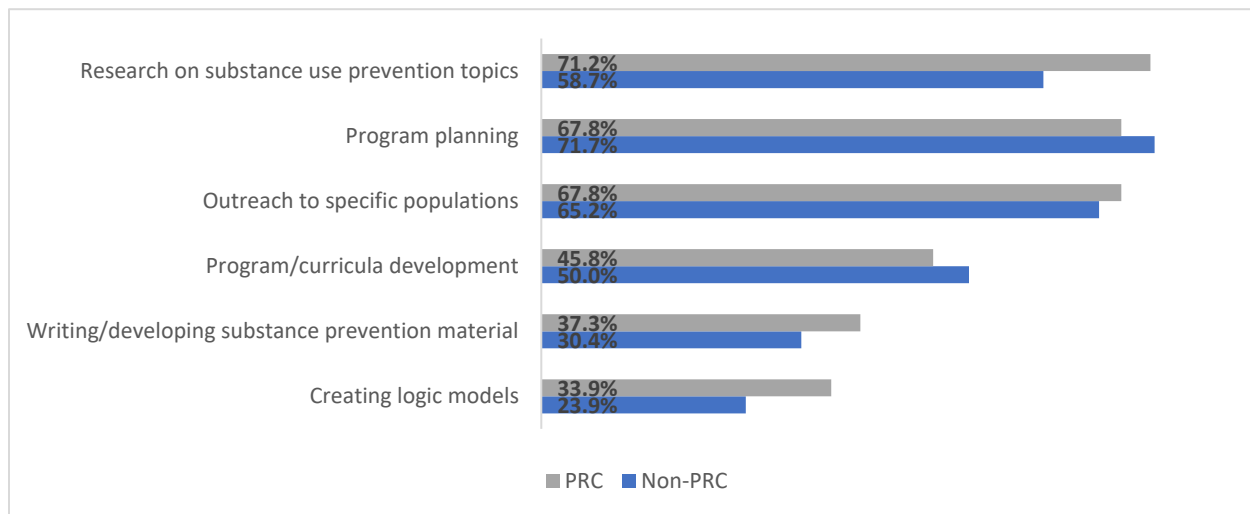


Table B.2 – Planning Task Frequency

PLANNING TASKS (“Almost Always” or “Often”)	Overall	Non-PRC	PRC	P-Value
Research on substance use prevention topics	65.7%	58.7%	71.2%	0.181
Program planning	69.5%	71.7%	67.8%	0.663
Outreach to specific populations	66.7%	65.2%	67.8%	0.781
Program/curricula development	47.6%	50.0%	45.8%	0.666
Writing/developing substance prevention material	34.3%	30.4%	37.3%	0.463
Creating logic models	29.5%	23.9%	33.9%	0.266
<b>*Considered statistically significant with 95% confidence interval</b>				

### 3. Frequency of Engaging in Implementation Tasks

The nature of the PRC and non-PRC respondents’ tasks were most different in the implementation tasks category. Statistically significant differences were found between the percentages of PRC and non-PRC respondents whose job “almost always” or “often” includes information dissemination (82.8% vs 63.0%,  $p < 0.05$ ), community education on substance use prevention (81.4% vs 47.8%,  $p < 0.05$ ), community-based approaches (e.g. community engagement, capacity building) (74.6% vs 52.2%,  $p < 0.05$ ), and technical assistance (52.5% vs 28.9%,  $p < 0.05$ ). There was a marginally significant difference between the groups in case management as well (3.4% vs 13.6%,  $p = 0.055$ ).

Figure B.3 - Implementation Task Frequency: “Almost Always” or “Often”

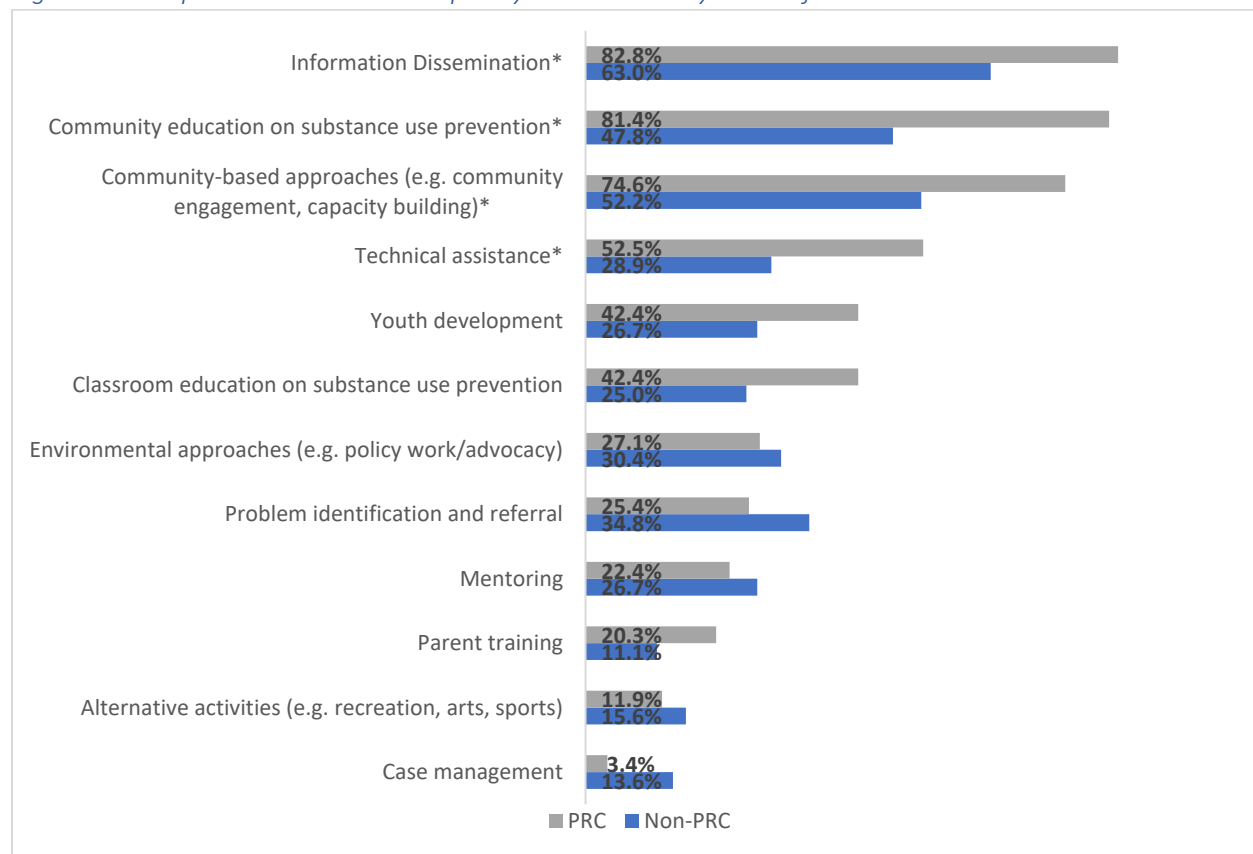


Table B.3 – Implementation Task Frequency

IMPLEMENTATION TASKS (“Almost Always” or “Often”)	Overall	Non-PRC	PRC	P-Value
Information dissemination	74.0%	63.0%	82.8%	<b>0.023*</b>
Community education on substance use prevention	66.7%	47.8%	81.4%	<b>&lt; 0.001*</b>
Community-based approaches (e.g. community engagement, capacity building)	64.8%	52.2%	74.6%	<b>0.017*</b>
Technical assistance	42.3%	28.9%	52.5%	<b>0.016*</b>
Youth development	35.6%	26.7%	42.4%	0.097
Classroom education on substance use prevention	35.0%	25.0%	42.4%	0.067
Environmental approaches (e.g. policy work/advocacy)	28.6%	30.4%	27.1%	0.709
Problem identification and referral	29.5%	34.8%	25.4%	0.297
Mentoring	24.3%	26.7%	22.4%	0.618
Parent training	16.3%	11.1%	20.3%	0.207
Alternative activities (e.g. recreation, arts, sports)	13.5%	15.6%	11.9%	0.585
Case management	7.8%	13.6%	3.4%	0.055
<b>*Considered statistically significant with 95% confidence interval</b>				

#### 4. Frequency of Engaging in Evaluation Tasks

There were no statistically significant differences between the proportions of PRC and non-PRC respondents' evaluation task frequency. The most common evaluation tasks were outcome evaluation data collection and process evaluation data collection.

Figure B.4 – Evaluation/Reporting – Task Frequency: “Almost Always” or “Often”

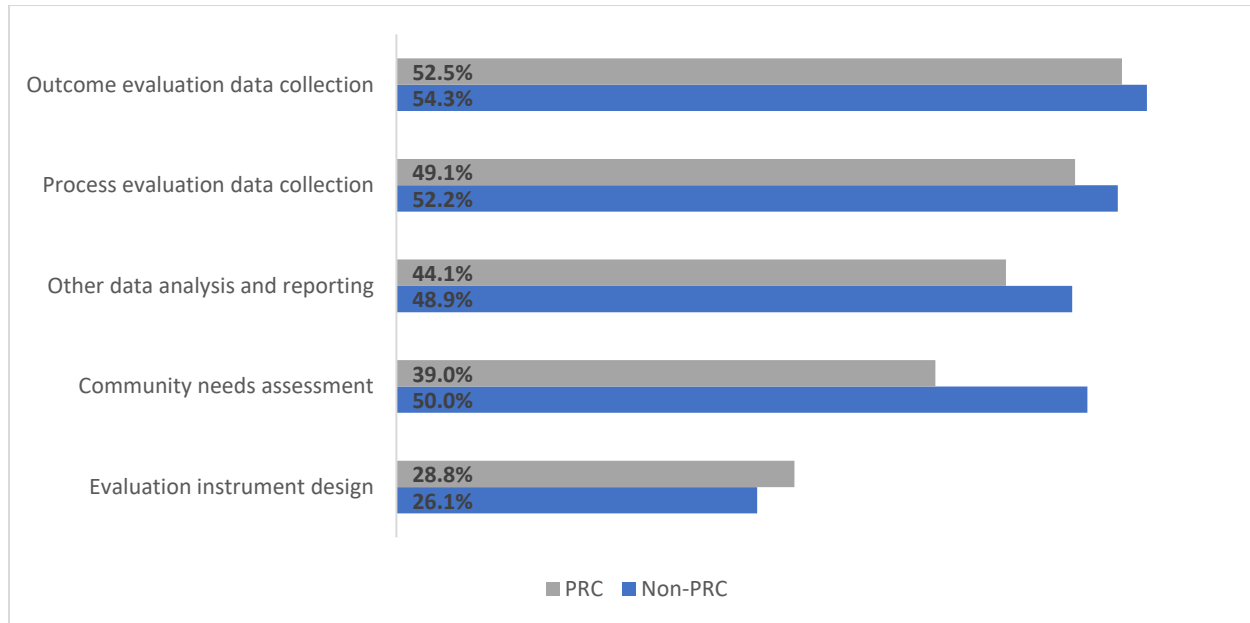


Table B.4 – Evaluation Task Frequency

EVALUATION TASKS (“Almost Always” or “Often”)	Overall	Non-PRC	PRC	P-Value
Outcome evaluation data collection	53.3%	54.3%	52.5%	0.854
Process evaluation data collection	50.5%	52.2%	49.2%	0.759
Other data analysis and reporting	46.2%	48.9%	44.1%	0.625
Community needs assessment	43.8%	50.0%	39.0%	0.259
Evaluation instrument design	27.6%	26.1%	28.8%	0.757
<i>*Considered statistically significant with 95% confidence interval</i>				

## Appendix C – Certification and Specialized Education

### 1. Current Certifications

A variety of certifications were attained by the respondents, and the most common certification among both PRC and non-PRC respondents was the Missouri Prevention Specialist (MPS) certification. Prevention Resource Center respondents were much more likely to have a current MPS certification than their non-PRC peers (57.1% vs 17.1%,  $p < 0.05$ ). PRC participants were more likely to report having a current Certified Reciprocal Prevention Specialist (CRPS) certification than non-PRC participants (25.0% vs 0.0%,  $p < 0.05$ ). Finally, a higher percentage of PRC participants reported having a Missouri Advanced Prevention Specialist (MAPS) certification than non-PRC participants (23.8% vs 2.7%,  $p < 0.05$ ).

Table C.1 – Certifications by PRC Status

Current certifications	Non-PRC		PRC		P-Value
	Current	Previous	Current	Previous	
<b>Missouri Prevention Specialist (MPS)</b>	17.1%	0.0%	57.1%	12.2%	<b>&lt; 0.001*</b>
<b>Certified Reciprocal Prevention Specialist (CRPS)</b>	0.0%	0.0%	25.0%	2.5%	<b>0.003*</b>
<b>Missouri Advanced Prevention Specialist (MAPS)</b>	2.7%	0.0%	23.8%	0.0%	<b>0.007*</b>
<b>Missouri Associate Alcohol Drug Counselor I (MAADC I)</b>	0.0%	0.0%	2.8%	0.0%	0.307
<b>Missouri Associate Alcohol Drug Counselor II (MAADC II)</b>	7.9%	0.0%	0.0%	5.3%	0.082
<b>Certified Alcohol &amp; Drug Counselor (CADC)</b>	0.0%	0.0%	0.0%	0.0%	-
<b>Certified Reciprocal Alcohol &amp; Drug Counselor (CRADC)</b>	0.0%	2.8%	2.7%	0.0%	0.368
<b>Certified Reciprocal Advanced Alcohol &amp; Drug Counselor (CRAADC)</b>	0.0%	0.0%	0.0%	0.0%	-
<b>Registered Alcohol Drug Counselor – Provisional (RADC-P)</b>	0.0%	0.0%	0.0%	0.0%	-
<b>Certified Reciprocal Peer Recovery (CRPR)</b>	2.7%	0.0%	0.0%	0.0%	0.321
<b>Certified Peer Specialist (CPS)</b>	5.3%	0.0%	2.8%	0.0%	0.588
<b>Missouri Recovery Support Specialist (MRSS)</b>	5.4%	0.0%	2.7%	5.4%	0.309
<b>Other</b>	30.0%	0.0%	8.3%	8.3%	0.306
<i>*Considered statistically significant with 95% confidence interval</i>					

### 2. Workshops and Trainings Completed in the Past Year

Prevention Resource Center respondents reported receiving training about substance use prevention and working with youth in the past year at rates higher than non-PRC respondents. About 91.4% of PRC respondents completed workshops or trainings in substance use prevention in the last year compared to 63.6% of non-PRC respondents ( $p < 0.001$ ). About 71.9% of PRC workers completed workshops or trainings about working with youth compared to 36.4% of non-PRC respondents ( $p < 0.001$ ).

Figure C.1 – Training in the Past Year by PRC Status

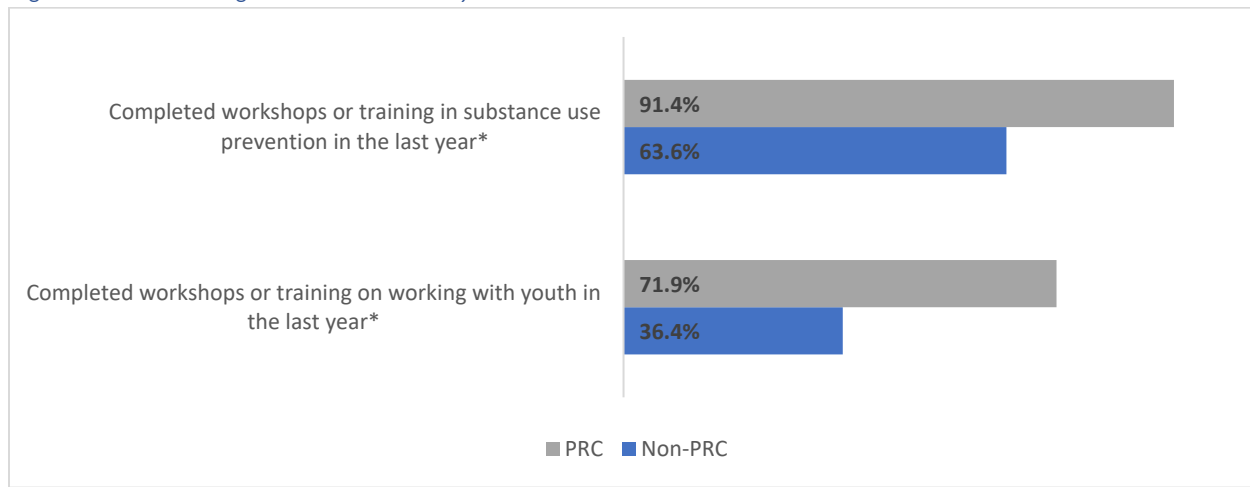


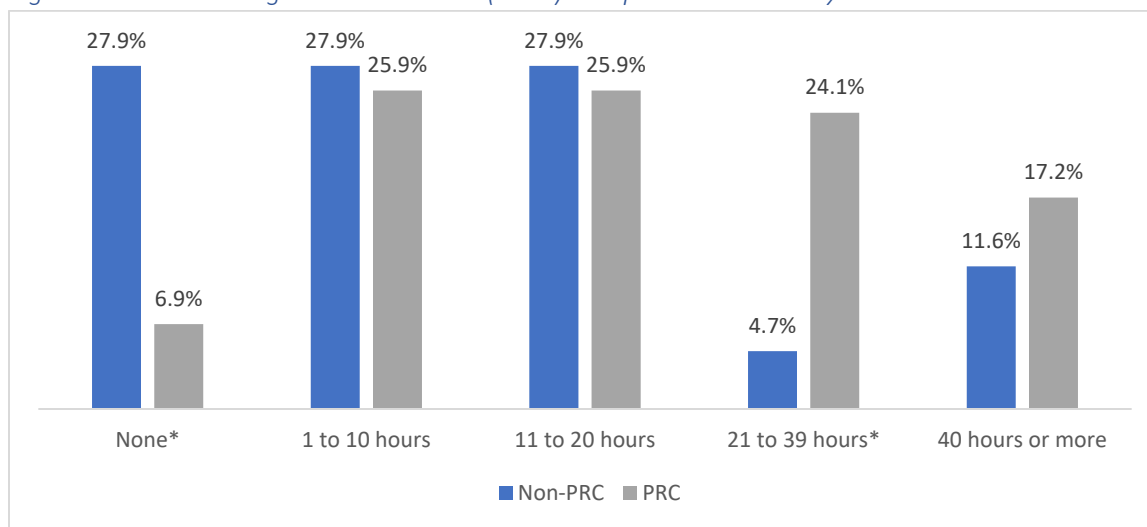
Table C.2 – Training on Substance Use Prevention and Working with Youth by PRC Status

Variable	Non-PRC	PRC	P-Value
Completed workshops or training in substance use prevention in the last year	63.6%	91.4%	< 0.001
Completed workshops or training on working with youth in the last year	97.7%	94.9%	< 0.001
*Considered statistically significant with 95% confidence interval			

### 3. Trainings and Continuing Education Hours (CEHs) Completed in the Past Year

A much higher percentage of non-PRC respondents reported receiving no Continuing Education Hours (CEHs) this year than PRC respondents (27.9% vs 6.9%,  $p < 0.05$ ). Additionally, a much higher percentage of PRC respondents had reported receiving 21 to 30 hours of CEHs than non-PRC respondents (24.1% vs 4.7%,  $p < 0.05$ ).

Figure C.2 – Continuing Education Hours (CEHs) Completed this Year by PRC Status



#### 4. Completed Coursework Areas

Respondents were asked about whether they have ever received specialized training in substance use prevention, mental health, substance use treatment or recovery, public health, youth development, community organizing/development, or policy development.

There were no statistically significant differences in the way that non-PRC and PRC respondents answered whether they had specialized education in mental health or substance use treatment and recovery, public health, policy development, or community organizing/development.

Figure C.3 – Specialized Coursework by PRC Status: Mental Health

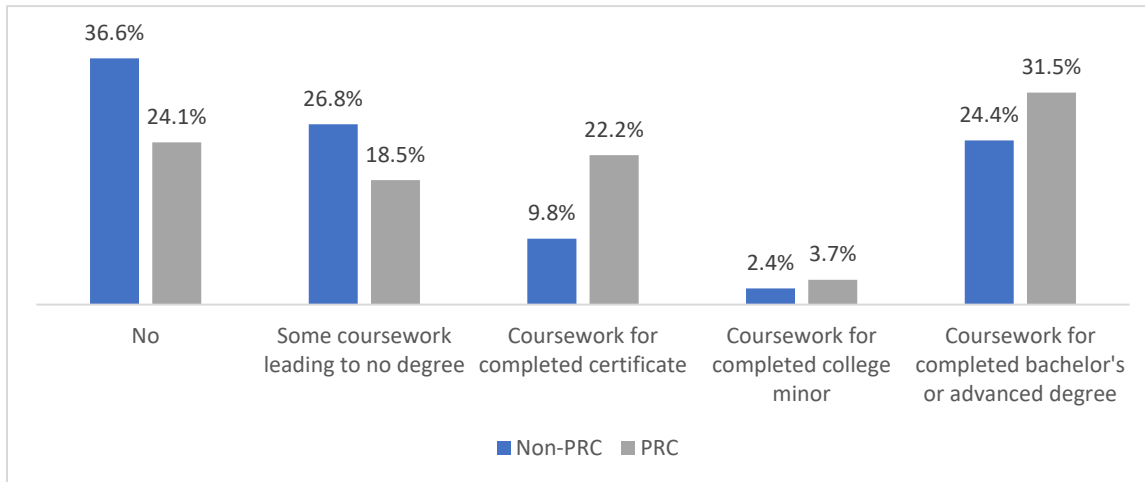


Figure C.4 – Specialized Coursework by PRC Status: Substance Use Treatment or Recovery

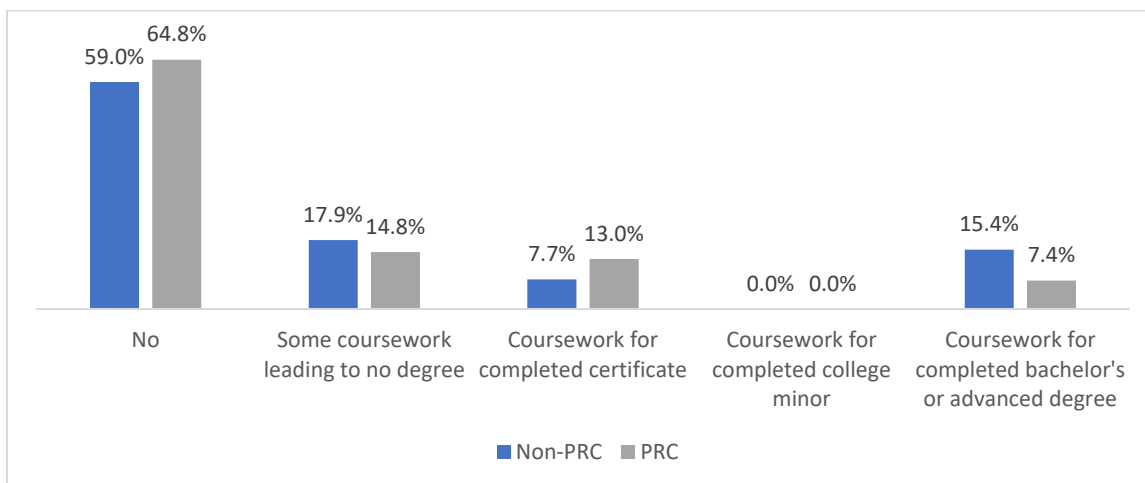


Figure C.5 – Specialized Coursework by PRC Status: Public Health

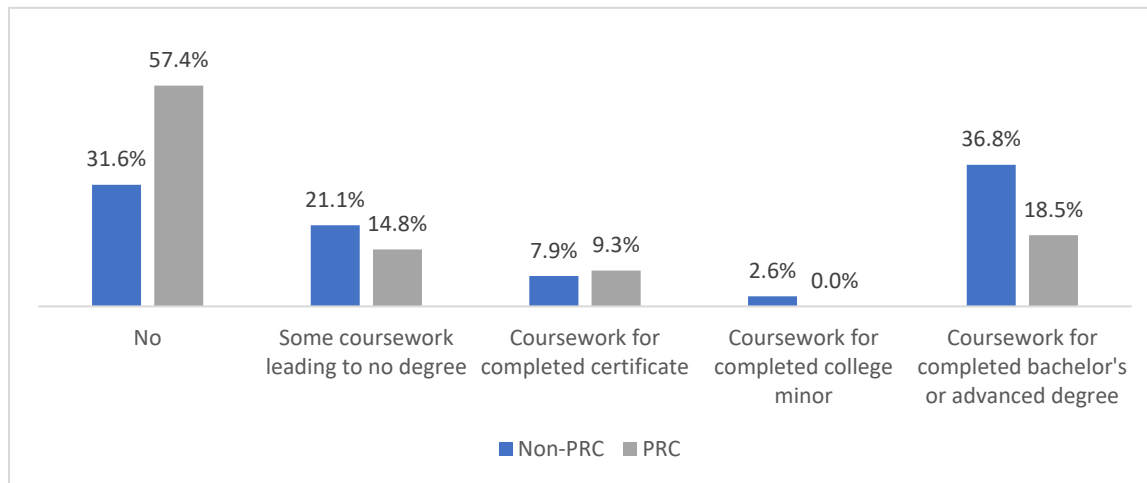


Figure C.6 – Specialized Coursework by PRC Status: Policy Development

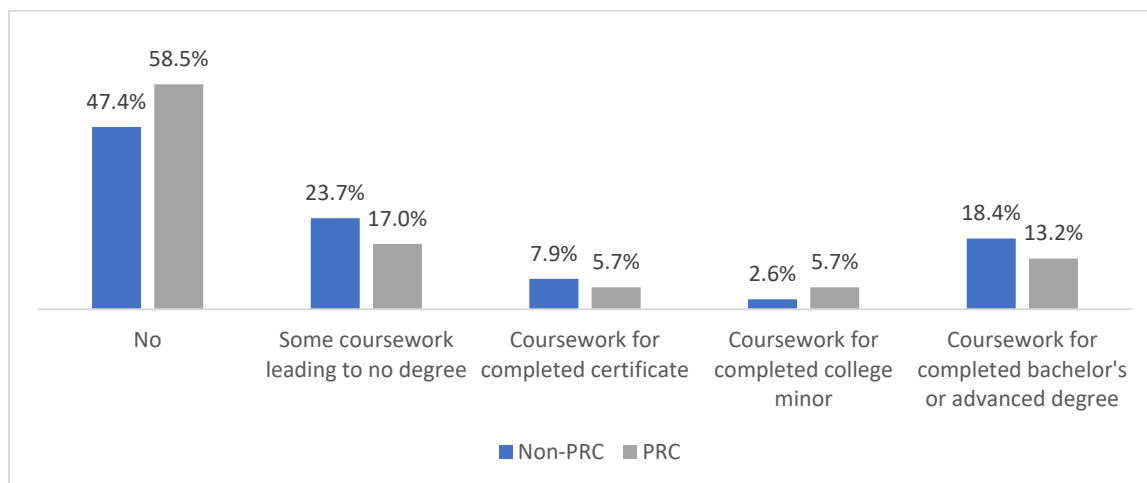
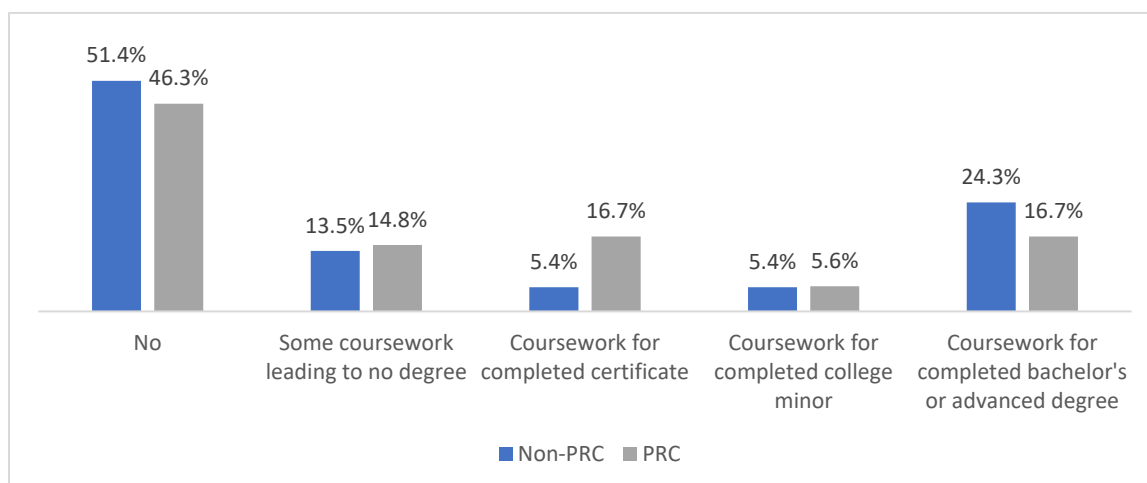
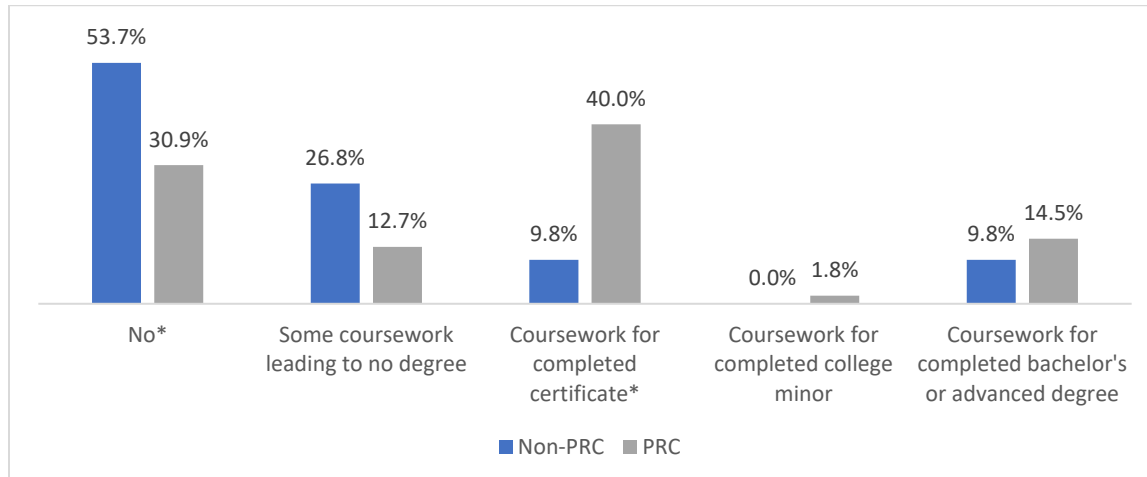


Figure C.7 – Specialized Coursework by PRC Status: Community Organizing/Development



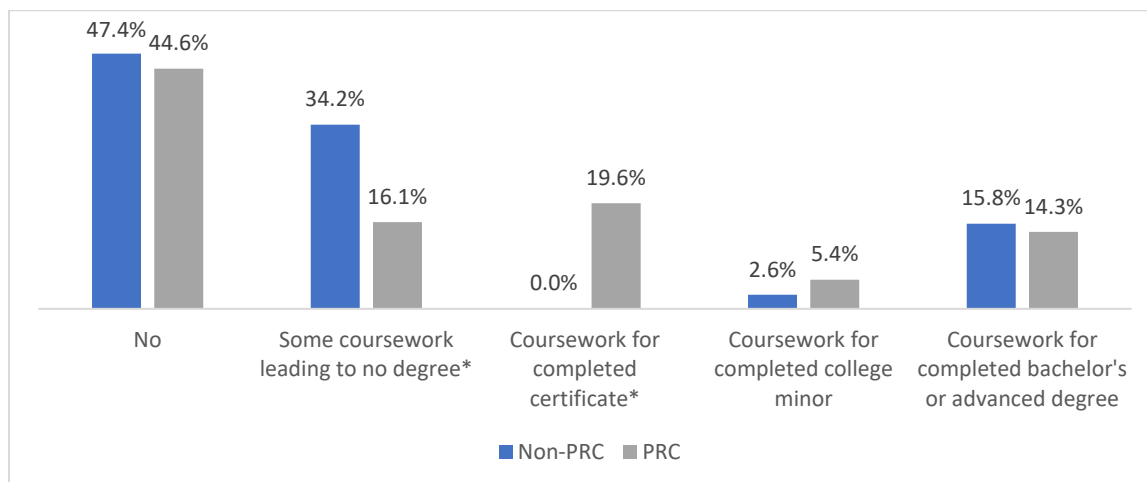
Non-PRC respondents in the substance use prevention field were more likely to have no specialized training on substance use prevention compared to respondents who work in a Prevention Resource Center (53.7% vs 30.9%,  $p < 0.05$ ).

*Figure C.8 – Specialized Coursework by PRC Status: Substance Use Prevention*



PRC respondents were much more likely to report having coursework for youth development for a completed certificate than non-PRC respondents (19.6% vs 0.0%,  $p < 0.05$ ). In addition, non-PRC respondents were much more likely to report having some coursework that lead to no degree (34.2% vs 16.1%,  $p < 0.05$ ).

*Figure C.9 – Specialized Coursework by PRC Status: Youth Development*





## Appendix D – Missouri Prevention Workforce Survey Instrument

### Introduction

This survey has been developed to assess the characteristics, capacities, and trends of the substance use prevention workforce. The data collected through this survey will provide a detailed picture of the field, including information about positions, education levels, and opportunities for advancement. The data will be used to support the continuing professional development of the field.

This survey is **anonymous**. We will not ask you for your name or any other identifying information. Results will be analyzed at the aggregate level to assess a statewide picture of the substance use prevention field in Missouri.

**We thank you for your participation.** You will be given the option to enter a **prize drawing** at the end of the survey in appreciation for your time. Prizes include baseball tickets, designer handbag, designer sunglasses, and more!

We thank you for your participation. You will be given the option to enter a prize drawing at the end of the survey in appreciation for your time. Prizes include a pair of baseball tickets (one pair available) or a wireless phone charger (5 available)!

End of Block: Introduction

Start of Block: Demographics

Q1 Do you consider yourself to be...\*

- ☐ Male (1)
- ☐ Female (2)
- ☐ Other (3)

Q2 Do you consider yourself to be transgender?\*

This is when your gender identity (how you feel and perceive yourself) is different than how your body is (your anatomy). When a person with a male body feels like a female inside their heart and brain. Or,

when a person with a female body feels like a male inside their heart and brain. Transgender is also an umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth.

- ☐ Yes (2)
- ☐ No (6)
- ☐ Not sure (7)
- ☐ Prefer not to respond (8)

Q3 Please identify your race or ethnicity. Check all that apply.\*

- ☐ American Indian or Alaska Native (1)
- ☐ Asian or Asian American (2)
- ☐ Black or African American (3)
- ☐ Hispanic or Latino (4)
- ☐ Multi-Racial (5)
- ☐ Native Hawaiian or other Pacific Islander (6)
- ☐ White or Caucasian (7)
- ☐ Prefer not to answer (8)
- ☐ Not listed (please specify) (9) \_\_\_\_\_

Q4 What is your age?\*

☐ 18-23 (1)

☐ 24-29 (2)

☐ 30-35 (3)

☐ 36-41 (4)

☐ 42-47 (5)

☐ 48-52 (6)

☐ 53-58 (7)

☐ 59-64 (8)

☐ 65+ (9)

Q5 Do you speak a language other than English?

☐ No (1)

☐ Yes (please specify) (2) \_\_\_\_\_

**End of Block: Demographics**

**Start of Block: Current Roles and Responsibilities in Substance Use Prevention**

Q6 Do you have a role (paid or volunteer) in the substance use prevention field in Missouri?\*

*Answer "No" if your job involves prevention activities but is not specific to substance use prevention (e.g., teacher, nurse)*

☐ No (1)

☐ Yes (2)

*Skip To: End of Survey If Do you have a role (paid or volunteer) in the substance use prevention field in Missouri?\**  
*Answer... = No*

Q7 Do you work for a Prevention Resource Center?\*

☐ No (1)

☐ Yes (2)

*Skip To: Q8 If Do you work for a Prevention Resource Center?\* = No*

Q8 In what service area(s) do you work? Choose all that apply.\*

- ☐ Service Area 1 (Atchison, Nodaway, Worth, Holt, Andrew, Gentry, Buchanan, Clinton, DeKalb) (1)
- ☐ Service Area 6 (Platte, Clay, Ray) (2)
- ☐ Service Area JC (Jackson, Lafayette) (3)
- ☐ Service Area 7 (Cass, Johnson) (4)
- ☐ Service Area 8 (Bates, Henry, Benton, Vernon, Cedar, Saint Clair, Hickory) (5)
- ☐ Service Area 9 (Barton, Jasper, Newton, McDonald, Lawrence, Barry) (6)
- ☐ Service Area 10 (Dade, Polk, Greene, Webster, Christian, Stone, Taney, Dallas) (7)
- ☐ Service Area 11 (Moniteau, Cole, Callaway, Osage, Miller, Pulaski, Laclede, Camden) (8)
- ☐ Service Area 12 (Carroll, Chariton, Randolph, Howard, Boone, Cooper, Pettis, Saline, Morgan) (9)
- ☐ Service Area 13 (Harrison, Mercer, Putnam, Sullivan, Linn, Grundy, Daviess, Caldwell, Livingston) (10)
- ☐ Service Area 14 (Schuyler, Scotland, Clark, Adair, Knox, Lewis, Macon, Shelby, Marion) (11)
- ☐ Service Area 15 (Monroe, Ralls, Pike, Audrain, Montgomery) (12)
- ☐ Service Area 16 (Lincoln, Saint Charles, Warren, Franklin) (13)
- ☐ Service Area SL (Saint Louis, Saint Louis City) (14)
- ☐ Service Area 17 (Gasconade, Maries, Phelps, Dent, Crawford, Washington, Saint Francois, Iron) (15)
- ☐ Service Area 18 (Wright, Texas, Shannon, Douglas, Ozark, Howell, Oregon) (16)
- ☐ Service Area 19 (Reynolds, Carter, Ripley, Wayne, Butler, Stoddard) (17)

- ☐ Service Area 20 (Mississippi, New Madrid, Dunklin, Pemiscott) (18)
- ☐ Service Area 21 (Madison, Bollinger, Cape Girardeau, Perry, Sainte Genevieve, Scott) (19)
- ☐ Service Area 22 (Jefferson) (20)
- ☐ None of these/does not apply to my role (21)

Q9 What is your current position or title, including your department/agency? Please provide as much details as you are comfortable with.

---

Q10 Are you currently an employee or volunteer in substance use prevention?\*

- ☐ Employee (1)
- ☐ Volunteer (2)

Q11 What is your current FTE?\*

- ☐ Less than Part time (1)
- ☐ Part time (15-25 hours/week) (2)
- ☐ Full time (26-40 hours/week) (3)

Q12 How many years have you worked in the following:\*

	Less than a year (1)	1-3 years (2)	4-6 years (3)	7-10 years (4)	More than 10 years (5)
In the substance use prevention field (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At your current organization (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In your current position (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q13 What is your primary role in substance use prevention services?\*

	Primary role (1)	Secondary role (2)	I don't do this (3)
Providing direct services to participants (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indirect services such as coalition work or community education (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Management without direct service responsibilities (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Management with direct service responsibilities (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training and technical assistance (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q14 In your current position, how often do you engage in the following **ADMINISTRATION** tasks?

	Almost always (1)	Often (2)	Sometimes (3)	Seldom (4)	Never (5)
Staff training/ professional development (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grant writing (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resource acquisition (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program management (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff or volunteer recruitment or hiring (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff or volunteer supervision (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q15 In your current position, how often do you engage in the following **PLANNING** tasks?

	Almost always (1)	Often (2)	Sometimes (3)	Seldom (4)	Never (5)
Outreach to specific populations (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program planning (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program/curricula development (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing/developing substance prevention materials (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research on substance use prevention topics (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creating logic models (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q16 In your current position, how often do you engage in the following **IMPLEMENTATION** tasks?

	Almost Always (1)	Often (2)	Sometimes (3)	Seldom (4)	Never (5)
Information dissemination (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community education on substance use prevention (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Classroom education on substance use prevention (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth development (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental approaches (e.g. policy work/advocacy) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical assistance (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem identification and referral (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based approaches (e.g. community engagement, capacity building) (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Case  
management  
(9)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Mentoring (10)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Alternative  
activities (e.g.  
recreation, arts,  
sports) (11)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Parent training  
(12)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Q17 In your current position, how often do you perform the following **EVALUATION/REPORTING** tasks?

	Most Always (1)	Often (2)	Sometimes (3)	Seldom (4)	Never (5)
Evaluation instrument design (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Process evaluation data collection (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outcome evaluation data collection (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community needs assessment (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other data analysis and reporting (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q18 In your opinion, how capable are you to provide culturally and linguistically appropriate prevention services to all the communities you serve?

- ☐ Very capable (1)
- ☐ Somewhat capable (2)
- ☐ Neither capable nor incapable (3)
- ☐ Somewhat incapable (4)
- ☐ Very incapable (5)

Q19 Would you like training in any of the task areas listed in questions 12 through 17?

- ☐ No (1)
- ☐ Yes (which tasks?) (2) \_\_\_\_\_

Q20 Reflect on the communities to which your agency or department provides substance use prevention services. In your opinion, are there cultural, racial or ethnic, or linguistic populations that are not being adequately served? (fill in the box)

\_\_\_\_\_

End of Block: Current Roles and Responsibilities in Substance Use Prevention

Start of Block: Employment Classification

Q21 In your substance use prevention role, are you paid hourly, paid a salary, or a volunteer? (Please select "volunteer" if you identified as a volunteer previously in this survey)

- ☐ Hourly (1)
- ☐ Salaried (2)
- ☐ Volunteer (3)

*Skip To: End of Block If In your substance use prevention role, are you paid hourly, paid a salary, or a volunteer?  
(Pleas... = Volunteer*

Page Break



Q22 What is your hourly rate?

- ☐ \$8-\$10 (1)
- ☐ \$11-\$15 (2)
- ☐ \$16-\$20 (3)
- ☐ \$21-\$25 (4)
- ☐ \$26-\$30 (5)
- ☐ \$31-\$39 (6)
- ☐ \$40-\$49 (7)
- ☐ \$50 or more (8)

Q23 What is your current salary?

- ☐ (1)
- ☐ \$15,000-\$24,999 (2)
- ☐ \$25,000-\$29,999 (3)
- ☐ \$30,000- \$34,999 (4)
- ☐ \$35,000-\$39,999 (5)
- ☐ \$40,000-\$49,999 (6)
- ☐ \$50,000-\$59,999 (7)
- ☐ \$60,000-\$69,999 (8)
- ☐ >\$70,000 (9)

Q24 Does your employer provide these health benefits?

	Yes, fully (1)	Yes, partially (2)	No (3)	Unknown (4)
Health insurance (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental insurance (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q25 Does your employer provide any of these other benefits?

	Yes, fully (1)	Yes, partially (2)	No (3)	Unknown (4)
Paid sick leave (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid vacation (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid holidays (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other paid leave (e.g. maternity) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retirement contributions (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Employment Classification

Start of Block: Satisfaction, Advancement, and Transition

Q26 Why did you choose substance use prevention as a field of work?

- ☐ To help people or make a difference; the work as meaningful or rewarding; belief that prevention works (1)
- ☐ To help children or youth specifically (2)
- ☐ Career opportunity or grant award (3)
- ☐ Personal experience with substance abuse (substance use, addiction, or death of self, parent, child, friend) (4)
- ☐ Recognize substance abuse as a need or public health issue in the community (5)
- ☐ Not primarily in prevention field: main job role is treatment, education public health, mental health, coalition building, etc., but prevention is part of that (6)
- ☐ Personal interest or passion for the topic/field (7)
- ☐ Interest in working with, educating, or mobilizing the community (8)
- ☐ Exposure to substance abuse or prevention field through a previous role (9)
- ☐ Previously worked in treatment, and wanted to have greater impact (10)
- ☐ Other (please specify) (11) \_\_\_\_\_

Q27 Why have you continued to stay in the substance use prevention field?

- ☐ To make a difference; see an impact; still believe in meaning and value of prevention (1)
- ☐ Enjoy my job; love the work (2)
- ☐ To help youth (3)
- ☐ There is still a need for these services (4)
- ☐ To help the community (5)
- ☐ Enjoy working with community (6)
- ☐ Enjoy job challenges; continuing to learn (7)
- ☐ Enjoy the organization, team, and/or employer (8)
- ☐ Interest in the topic (9)
- ☐ Necessary component of job and/or grant requirement (10)
- ☐ Have invested in the field/job; have been successful in job (11)
- ☐ Benefits; pay; need to work (12)
- ☐ Other (please specify) (13) \_\_\_\_\_

Q28 Why do you stay at your current organization?

- ☐ Believes in the organizational mission or philosophy; believes that the work is meaningful; sees the need in the community (1)
- ☐ Likes team, coworkers, or coalition members (2)
- ☐ Supportive boss or administration; organization treats employees well (3)
- ☐ Great work environment or culture in general (4)
- ☐ Pay and/or benefits (healthcare, tuition/loan forgiveness, retirement, etc.) (5)
- ☐ Flexibility; work-life balance; family-centered organization (6)
- ☐ Likes or is loyal to the organization or agency (7)
- ☐ Enjoys working with youth or the community (8)
- ☐ Enjoy the job or work (9)
- ☐ Lack of options; no similar jobs in the area at other organizations (10)
- ☐ The work is varied and interesting; autonomy to pursue projects; learning a lot (11)
- ☐ Opportunities for growth in career or role (12)
- ☐ To support sustainability of the coalition; to collaborate across sectors and organizations (13)
- ☐ Job security; long-term investment in job or career (14)
- ☐ Other (please specify) (15) \_\_\_\_\_

Q29 Please rate your satisfaction with your current position.

	Very satisfied (1)	Satisfied (2)	Moderately satisfied (3)	Unsatisfied (4)	Very unsatisfied (5)
Salary (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benefits (health, vacation, sick leave, etc.) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Variety and flexibility of work (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other substance use prevention colleagues in my agency (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organizational structure (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other colleagues in substance use prevention field outside of my agency (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities for career advancement within my agency (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal commitment to substance use prevention (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Match  
between the  
profession and  
my skills (9)

☐☐☐☐☐

Match  
between the  
profession and  
my interests  
(10)

☐☐☐☐☐

Other (please  
specify) (11)

☐☐☐☐☐

Q30 How likely is it that you will be voluntarily leaving your current job within the next 3 years?\*

☐ Not at all likely (1)

☐ Not very likely (2)

☐ Somewhat likely (3)

☐ Very likely (4)

☐ Definitely (5)

*Skip To: Q32 If How likely is it that you will be voluntarily leaving your current job within the next 3 years?\* != Not at all likely*

*Skip To: Q32 If How likely is it that you will be voluntarily leaving your current job within the next 3 years?\* != Not very likely*

Q30b Please feel free to share additional thoughts.

---

Q31 If you said that you are likely to leave your current position in the next three years, will you be looking for another job in the substance use prevention field?\*

☐ No (2)

☐ Yes (3)

Q32 Where do you see yourself professionally in the next 3 years?\*

- ☐ Same position (1)
- ☐ Working in substance abuse prevention (new or continuing role) (2)
- ☐ Retired or near retirement (3)
- ☐ Advanced in current organization (e.g., leadership/management, policymaking, program development) (4)
- ☐ Working with youth and the community (new or continuing role) (5)
- ☐ Other prevention or health-related field (sexual health, mental health, public health, etc.) (7)
- ☐ Leadership-level role (at an organization that is either left unspecified or that is different from current organization) (8)
- ☐ Other substance use career (treatment, recovery, clinical role, research, etc.) (9)
- ☐ Education (K-12 or higher education) (10)
- ☐ Receiving better pay or benefits (11)
- ☐ In school or finishing degree (12)
- ☐ Trainer or consultant (13)
- ☐ Other organization, state, or location, not further specified (14)
- ☐ Part-time role (15)
- ☐ Community activist, direct advocacy role (16)
- ☐ Involved in coalition(s) (new or continuing role) (17)
- ☐ Business or corporate role (18)
- ☐ Unsure (6)
- ☐ Other (please specify) (19) \_\_\_\_\_

End of Block: Satisfaction, Advancement, and Transition

Start of Block: Background, Education, Experience

Q33 What kind of work did you do before you entered the substance use prevention field?\*

- ☐ Education (1)
- ☐ Student or no prior career (2)
- ☐ Social services (social worker; children's, youth, and family services; foster care; case management; WIC; service navigation; disability services) (3)
- ☐ Mental or behavioral health (4)
- ☐ Other (retail, sales, recreation management, bank teller, real estate, restaurant management, construction) (5)
- ☐ Healthcare (6)
- ☐ Law enforcement, juvenile justice, legal services (7)
- ☐ Substance abuse treatment (8)
- ☐ Business, accounting, small business owner (9)
- ☐ Health promotion or communications (10)
- ☐ Higher education (11)
- ☐ Other prevention (e.g., HIV) or public health role (12)
- ☐ Community organizing, community mobilization, other community work (e.g., ministry) (13)
- ☐ Youth development, youth center (14)
- ☐ Community development, planning, politics, regulation (15)
- ☐ Researcher or evaluator (16)
- ☐ Other nonprofit work (17)
- ☐ Administration, operations, administrative assistance (18)
- ☐ Other (please specify) (19) \_\_\_\_\_

Q34 What is your highest degree status?\*

- ☐ No high school diploma or equivalent (1)
- ☐ High school diploma or equivalent (2)
- ☐ Some college, no degree (3)
- ☐ Associate's Degree (4)
- ☐ Bachelor's Degree (5)
- ☐ Master's Degree (6)
- ☐ Doctoral Degree (7)
- ☐ Other (please specify) (8) \_\_\_\_\_

Q35 If you received graduate level education, please provide your field of study. (fill in the text box)

\_\_\_\_\_

Q36 Have you completed workshops or training in substance use prevention in the last year?

- ☐ No (1)
- ☐ Yes (feel free to list trainings completed) (2)

\_\_\_\_\_

Q37 Have you completed any workshops or training on working with youth in the last year?

☐ No (1)

☐ Yes (2)

Q38 About how many trainings /Continuing Education Hours (CEHs) have you completed this year?

☐ 1 to 10 hours (1)

☐ 11 to 20 hours (2)

☐ 21 to 39 hours (3)

☐ 40 hours or more (4)

☐ None (5)

Q39 Do you have any of the following certifications from any of the recognized certifying agencies within the state of Missouri or another state?



	Never certified (1)	Previously certified but not currently (2)	Currently certified (3)
MPS (Missouri Prevention Specialist) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CRPS (Certified Reciprocal Prevention Specialist) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MAPS (Missouri Advanced Prevention Specialist) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MAADC I (Missouri Associate Alcohol Drug Counselor I) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MAADC II (Missouri Associate Alcohol Drug Counselor II) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CADC (Certified Alcohol & Drug Counselor) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CRADC (Certified Reciprocal Alcohol & Drug Counselor) (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CRAADC (Certified Reciprocal Advanced Alcohol & Drug Counselor) (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RADC-P (Registered Alcohol Drug Counselor – Provisional) (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CRPR (Certified Reciprocal Peer Recovery) (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CPS (Certified Peer Specialist) (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MRSS (Missouri  
Recovery Support  
Specialist) (12)

☐☐☐

Other (please specify)  
(13)

☐☐☐

*Skip To: Q41 If Do you have any of the following certifications from any of the recognized certifying agencies wi... [Never certified] (Count) = 13*

*Skip To: Q40 If Do you have any of the following certifications from any of the recognized certifying agencies wi... [Never certified] (Count) < 13*

Q40 What motivated you to seek certification?

---

Page Break

Q41 If you do not hold any certifications, why not? (fill in text box)

---

Page Break

Q42 Have you ever completed specialized education coursework in:

	No (1)	Some coursework leading to no degree (2)	Coursework for completed certificate (3)	Coursework for completed college minor (4)	Coursework for completed bachelor's or advanced degree (5)
Substance use prevention (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use treatment or recovery (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public health (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth development (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community organizing/ development (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Policy development (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify) (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Background, Education, Experience

Start of Block: Areas for Professional Development

Q43 How would you rate your knowledge of the following substance use prevention theories and frameworks in relation to others in the substance use prevention field?

	Much more knowledgeable than others (1)	Somewhat more knowledgeable than others (2)	About the same as others (3)	Somewhat less knowledgeable than others (4)	Much less knowledgeable than others (5)
Understanding substance use and dependence (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use prevention principles (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Risk and protective factors (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evidence-based practices (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Selecting evidence-based interventions (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elements of coalition building (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strategic Prevention Framework (SPF) plan development (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Institutes of Medicine Model (IOM) or prevention continuum (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Environmental  
substance use  
prevention (8)



Youth  
development  
(9)



Sustaining  
prevention  
efforts (11)



Long-term  
outcome  
evaluation of  
efforts (12)



Q44 How would you rate your knowledge of the following culturally responsive subjects in relation to others in the substance use prevention field?

	Much more knowledgeable than others (1)	Somewhat more knowledgeable than others (2)	About the same as others (3)	Somewhat less knowledgeable than others (4)	Much less knowledgeable than others (5)
Culturally responsive substance use prevention service delivery (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Linguistically competent substance use prevention service delivery (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family dynamics/family systems (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth and lifespan developmental stages (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health disparities for historically underserved populations (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social determinants of health (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q45 How would you rate your knowledge of the following program sustainability subjects in relation to others in the substance use prevention field?

	Much more knowledgeable than others (1)	Somewhat more knowledgeable than others (2)	About the same as others (3)	Somewhat less knowledgeable than others (4)	Much less knowledgeable than others (5)
Local and state resources (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluation principles and practices (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grant writing (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program management (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Data management and reporting (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q46 How would you rate your skills in the following areas in relation to others in the substance use prevention field?

	Much more knowledgeable than others (1)	Somewhat more knowledgeable than others (2)	About the same as others (3)	Somewhat less knowledgeable than others (4)	Much less knowledgeable than others (5)
Understanding data and research (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Management principles and practices (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group facilitation (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Curricula development (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public speaking/presentation (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Policy development or implementation (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advocacy (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Media/communications (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coalition building (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working with youth (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify) (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q47 If you could choose one thing that would enable you to become more effective as a member of the substance use prevention workforce, what would it be?

- ☐ Training or education in general; training for advanced professionals (1)
- ☐ More time (2)
- ☐ Collaboration, networking, and partnerships; coalition building; statewide coordination and leadership among STRC and PRCs (3)
- ☐ Program funding (4)
- ☐ Organizational support: better management; better pay; more staff or resources (5)
- ☐ Community support; direct engagement with youth/community; knowledge of community (6)
- ☐ Certification (7)
- ☐ More experience (8)
- ☐ Better skills in management or recruitment (9)
- ☐ Training on specified areas (please specify) (10)
- ☐ Other (please specify) (11) \_\_\_\_\_

Q48 What opportunities or supports would be helpful to enhance your knowledge in substance use prevention?

- ☐ Trainings, workshops, or conferences (1)
- ☐ Collaboration and networking opportunities; information about what works in other areas (2)
- ☐ Institutional support to attend trainings (funding, time, etc.) (3)
- ☐ Advanced trainings for professionals (4)
- ☐ Online courses and online train-the-trainers (5)
- ☐ Local, regional, and cost-accessible training events (6)
- ☐ Organizational resources (program funding, funding for certification, administrative support, etc.) (7)
- ☐ Trainings for coalition members and volunteers (8)
- ☐ Information on specific substances (9)
- ☐ Statewide support, including support from STRC and PRCs (10)
- ☐ More time on the job to build skills (11)
- ☐ Electronically distributed information (online portal, newsletter) (12)
- ☐ More and longer trainings that are STRC/PRC-specific (13)
- ☐ Training on specified topics (Please specify) (14)
- ☐ Other (please specify) (15) \_\_\_\_\_

End of Block: Areas for Professional Development

Start of Block: Block 8

Chance to Win

**Missouri Prevention Workforce Development Survey**

Thank You!

Thank you for completing the Missouri Prevention Workforce Development Survey.

Please visit the following link to be entered to win a prize for your participation. Please do not share the prize entry link. One entry per person, please.

Your survey answers will remain anonymous. Your prize entry information will not be connected to your survey responses, and it will not be used or shared for marketing or other purposes.

[https://umsl.az1.qualtrics.com/jfe/form/SV\\_cwLyy7h9wfn8eBU](https://umsl.az1.qualtrics.com/jfe/form/SV_cwLyy7h9wfn8eBU)

End of Block: Block 8